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ORIGINAL LECTURES.

CLINICAL LECTURE ON GONORRHOÆAL INFECTION.

Delivered at the Hôpital de la Pitié, Paris,

BY PROFESSOR JACCOUD,

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(Translated for the MEDICAL TIMES from advance sheets.)

GENTLEMEN,—We will study to-day the patient who lies in No. 37 bed of our "Jenner" ward. He is 37 years of age, a clerk by occupation, and came in on the 12th instant. His history may seem to you to be all dates; but they permit us to come to conclusions of real interest, as I shall show you.

This man was in his usual good health when, in 1879, for the first time he acquired gonorrhœa, which lasted for a month, and which was cured without complications. In 1882 he had a second attack, which was much more severe both as to symptoms and duration: it lasted from January until May. At the beginning of April of that year, about three months after the infection, he had considerable swelling of the left knee, with violent pains; shortly afterwards this passed up to the hip and also down to the heel of the same side; but the knee was the part most affected. The joint was immobilized, and vesication was employed, it seems; but it ended by his being confined to bed for six months, and for a further period of six months he was compelled to use crutches in walking about. Then came a period of walking with a cane; and finally, about the middle of 1883, he could walk without assistance. In January, 1884, he says he got another gonorrhœa, which was also long and tedious, and in a month afterwards the left leg was affected just as before; but he was able to go and take the mineral-water cure at Bourbon-Lancy (a hot spring of soda and iron water), where he was cured in a short time. He remained well up to July, 1885, when he got his fourth attack of gonorrhœa, and in July a new arthropathy occurred, this time of the right knee, followed in a few days by pain and great swelling in the right wrist, from which it went to the great toes

of both feet, and afterwards to the heels, and then to the hip-joint. He was then brought to the hospital.

Upon examination, we find considerable swelling of the right knee, with the patella raised and the synovial sac distended with effusion; but there is no redness, and the pain is not very great. The metatarso-phalangeal articulation of the big toe is very painful and swollen, but the color of the skin is not altered. The little finger of the right side is in the same state, on the level with the same joint, as the toe (that is, at the articulation of the first phalanx with the second); the wrist is also painful, but there is no redness or swelling to be seen at present. As to the other side, strange to say, the left knee, which, as you remember, was the first affected, does not now show any symptoms, except that, on moving it, the articulation makes a crackling sound. His general health is not altered, the heart is intact, and the urine normal; the urethral flow persists, but it is not abundant, and micriturition is painless.

We have here, then, the most perfect type of articular complications that gonorrhœa can produce. These blennorrhagic arthropathies have long been called *gonorrhœal rheumatism*, which is certainly a wrong title. If we look at the whole of this man's history, we can readily deduce from it a number of important and positive lessons that I will first of all present to you as propositions.

First. The absence of articular manifestations during an attack of gonorrhœa does not at all imply that there will be immunity from them in case of ulterior gonorrhœas.

Second. On the contrary, the presence of such articular manifestations during a gonorrhœa does imply the repetition of the same in case of further infection.

Third. The chances of articular manifestations increase with the number of attacks of gonorrhœa. This proposition, like the preceding one, is the expression of what has happened to our patient; for the interval between the commencement of his first attack and the appearance of the arthritis was three months. But it was only one month for the second attack, and less for the third: so that the predisposition increases with the repetition of the malady.

Fourth. Gonorrhœal arthritis often attacks only one joint; but it may be found in several, and that from the very first sign of its appearance.

Fifth. The small joints may be affected as well as the large ones.

Sixth. The treatment called "abortive," used in gonorrhœa, is not the cause of the arthropathy, for our patient has never been submitted to this form of treatment.

Seventh. The treatment used in gonorrhœa has no influence over the development of these arthropathies. He was always treated in the same way, and had no attack with his first gonorrhœa, but had with the three others.

These are the interesting conclusions we reach from the study of a single case. Now I should like to look at the history of these cases from a general point of view, and see what is the relation between gonorrhœa and these articular manifestations, and what other complications it is capable of producing. The sole cause of these arthropathies is true gonorrhœa, contagious and specific: the other kinds of urethritis cannot produce them. They are more frequent in men than they are in women (who can have them, however); and they are quite independent of any rheumatic diathesis. These arthritic troubles also have nothing to do with the abundance of the flow, as they will occur quite as often when it is copious as when it is ceasing. Nor do they present any regularity as to the time of their appearance: though they develop frequently between the sixth and fifteenth day, as Fournier has so well observed, they may come on much later, as the history of our patient shows. The truth is that your clients may be exposed to them as long as their gonorrhœas may last. All that I can admit from my observation is that the period from the second up to the fifth week is the one to be dreaded. The old idea that when the running ceases the arthritis shows itself is proved now not to be true, for it is rare that the flow is even diminished in volume in these attacks. Finally, these complications are more common in youth and in adult age than they are in after-life,—this is independent of the fact that gonorrhœa is more frequent in younger men,—for in old age the disposition to arthritis of this nature seems to be diminished, or at least attenuated.

The predilection of these arthropathies seems to be first for the knee; next the tibio-tarsal articulation; then the toes and fingers; and, lastly, the wrist, elbows, and shoulders. It is important to note that the vertebral articulations can also be affected. An English writer* assigns the first rank as to frequency to the elbow-joint; but this conclusion is not justified by the statistics of other observers. In two-thirds of the cases more than one joint is affected.

The clinical forms of the disease are not always the same. There are three principal kinds. In the first it is something like an acute hydrarthrosis, there are no general symptoms, and the local pain is more or less severe. The important point to be observed is that there is a *rapid effusion* into the articulation affected. In the second form, which is the most common, there are symptoms of an acute fluxion of one or more joints, and the pain is intense. The tumefaction is considerable, and it is due not only to the effusion, but also to a swelling of the extremities of the bones and the peri-articular tissues. There may be some superficial redness and local heat, or even a slight fever. While this form presents some analogy with acute articular rheumatism, it is essentially different; for, even when it is multiple, it never presents the general diffusion of rheumatism. It also has not the usual and characteristic mobility of rheumatism, for it fixes itself, and when a new joint is affected the others remain just as they were.

Again, there are none of the profuse sweats of rheumatic arthritis. Fever also is slight. When it does exist, which is rarely, it is of very short duration, and never rises to the thermal points that a rheumatic fever does. The urine also is not charged with uric acid products, as in rheumatism: so that the analogy to this last disease is merely apparent. The third form is constituted solely by pain, without swelling or deformity of the joints.

The *evolution* of these arthropathic affections is a very long one. In light cases they may arrive at resolution in four weeks; but this is the exception. The rule is that it will be months before the patients will recover the use of their limbs. Resolution also is not the only termination, for

* Davies Colley on "Acute Gonorrhœal Rheumatism." Guy's Hospital Reports, 1883.

Bradford twice observed ankylosis of the vertebral column.*

White swellings and endocarditis are further complications. The possibility of endocarditis was for a long time denied, but it is now perfectly well established. Indeed, it may occur directly from the gonorrhœa itself, when arthritis is not present, as Baudin proved in 1879; but it is of course more frequent in the articular disorder. It is, as a rule, light; but it can take on the character of infectious endocarditis.

The problem of the *pathogeny* of articular accidents in gonorrhœa has given rise to many theories; but they can mostly remain now among the historic souvenirs of the past. The only one that has obtained any credit is Laségue's idea that a purulent infection can act by reabsorption of the pus. Haslund in 1881, and Holst afterwards, published observations showing that a purulent infection from gonorrhœa can give rise to a general pyæmic state; and in this, gentlemen, lies the truth. Gonorrhœa, a local affection, can engender, by *reabsorption of urethral products*, an affection at a distance, such as the articular disease we are talking about. This interpretation cannot be contested to-day, for other proofs than the evolution of secondary accidents in the joints are now in our hands.

In 1879 Neisser discovered the special microbe of gonorrhœa, the gonococcus. These organisms color well with methyl-violet; they are large, round, rarely alone, mostly united in twos, giving the appearance of the organisms in the form of an 8 (the diplococcus). They are constant in gonorrhœa in women, as well as in men. Neisser found them even in quite old gleet, and also in gonorrhœal ophthalmia; they cannot be found in the other discharges of the urethra. This microbe is found in the interior of pus-globules as well as on their surface (contrary to what Neisser thought), and they also invade the epithelial cells, as Bouchard, Cornil, and others have shown. The drawings on the wall will show you the gonococcus as taken from our patient by M. Berlioz.

The specific action of the gonococcus, indirectly established by its absence in

other liquids than the gonorrhœal pus, has been directly shown by Bockhardt and Weland. This last observer introduced into the urethra vaginal liquids with various forms of micro-organisms, but without the gonococcus, and he obtained negative results until he introduced them, when he produced this special microbe in all his cases. Its *migration* is also as well established, for Schedler† showed the presence of this form of microbe in the vegetations of the endocardium. Later, in 1882, Martin‡ found them in purulent matters of blennorrhagic origin. The following year Petrone§ saw them in the liquid taken from joints that were swollen. Again, Bockhardt, in 1882, introduced the fourth generation of a culture of this microbe into the healthy urethra of a man, with the result of a profuse production of the gonococcus.

We can conclude, then, that gonorrhœa is a local infection that is capable of generalization; hence, that it presents two periods: 1, local infection; 2, diffuse infection, whose effects may be seen in the eye, in the articulations, in the heart, and in the nerves, and particularly the sciatic nerve.

In regard to treatment, these precise notions of the nature of this malady have not had the influence on its therapeutics that might have been supposed. It would seem at first sight that the "abortive" treatment would be justified in all cases; but this is not so, for when one sees at least a drop of pus at the meatus, the lymphatics are *already full of the gonococcus*, which cannot be reached. Again, certain agents which were thought to have a destructive action on these microbes have been found by experiment not to kill them. The solutions of nitrate of silver, boric acid, iodoform, eucalyptus, and even corrosive sublimate are not found efficacious. Eklund found that a ten-per-cent. solution of the sublimate failed to destroy the gonococcus, which did not lose its power of movement for several hours.¶

The only antiparasitic agents the utility of which has been established are carbo-

† Schedler: "Zur Casuistik der Herzaffectionen nach Tripper." Berlin, 1880.

‡ Martin: "Étude sur les Métastases suppuratives d'Origine blennorrhagique," in *Revue médicale de la Suisse romande*, 1882.

§ Petrone: "Sulla Natura parasitaria dell' Artrite blennorrhagica." *Rivista clinica di Bologna*, 1883.

¶ Eklund: "Note sur les Microbes de la Blennorrhagie." *Ann. de Dermat. et de Syphilis*, 1882.

* Bradford: "Ankylosis of the Spine following Rheumatism in Three Cases, Two of them being of Gonorrhœal Origin." *Annals of Anatomy and Surgery*, Brooklyn, New York, 1883.

lized water and chloral,—injections of one part to six hundred for the carbolic acid, and two to three hundred for the chloral; but all these measures need an internal treatment added as well; and this medication remains to-day what it has always been,—that is, copaiba and cubebs.

ORIGINAL COMMUNICATIONS.

REPORT ON RECENT PROGRESS IN GYNÆCOLOGY AND OBSTETRICS.

BY W. H. H. GITHENS, M.D.

PREVENTION OF PUERPERAL PYREXIA BY ANTISEPTIC VAGINAL DOUCHES.

A VALUABLE study of antiseptics in private obstetric practice, by Henry D. Fry, M.D., of Washington, D.C., appears in the April *American Journal of Obstetrics*. The measure of effect is by four thermometric observations each day. He does not use uterine injections, and resorts to one vaginal injection only, immediately after labor, unless the lochia become offensive. He is careful to cleanse the accoucheur's hands antiseptically. A rise of temperature at any time after labor he considers pathological, and "milk fever" a mild form of septicæmia.

ASPHYXIA OF THE NEW-BORN.

In the same journal, Dr. Geo. H. Noble, of Atlanta, Georgia, shows that asphyxia neonatorum, in some cases at least, depends upon anæmia of the brain, and can be relieved by holding the child up by the feet, the head hanging down.

TUMORS COMPLICATING PREGNANCY.

In the same journal is a report by M. Hofmeier, M.D., on Cæsarean section when pregnancy is complicated by tumors of the parturient canal. The prognosis depended largely on whether the patients came under treatment during pregnancy or not until during labor. In twenty-eight such cases during pregnancy, all the mothers and fifteen children were saved. In twenty-five cases of labor so complicated, fifteen mothers and twelve children died. In the twenty-eight cases treated during pregnancy, section was performed seven times. In one instance a uterine myoma was removed at the fifth month, pregnancy con-

tinuing to term with delivery of a living child.

CANCER OF THE OVARY.

E. Cohn, assistant at the clinic of Prof. Schroeder, has collated one hundred cases of malignant tumors among six hundred ovariectomies performed in nine years. He includes papillary cysts on account of their tendency to carcinomatous degeneration and frequency of return. In this his experience differs from that of Dr. Goodell, who has found them benign. Of these one hundred malignant cases, fourteen operations could not be completed, nineteen patients remained well at the end of one year, and three of these died subsequently of relapses.

Martin had observed only twelve malignant cases among one hundred and ninety-one ovariectomies. He ascribes this low proportion to his habit of removing ovarian tumors when very small.

VAGINAL HYSTERECTOMY FOR CANCER.

Of eighty total extirpations of the uterus through the vagina by Martin, only seven had died. Based on these statistics, Duvelius draws the conclusion that vaginal hysterectomy is the less dangerous operation. He gives an analysis of one hundred and thirty-eight cases of partial and total extirpation of the uterus for cervical carcinoma. In the first place, he divides carcinoma into three varieties: 1. *Epithelioma of the cervix*, with cauliflower excrescences and profuse secretion and hemorrhages. This form extends early to the vagina, but comparatively late to the uterus; hence remains local for a very long time. To this form partial extirpation is pre-eminently adapted. 2. *Adenoma of the cervical mucosa*, which tends less to new formation and more to ulceration; easily spreads to the body of the uterus along the mucous membrane, and leaves the vaginal cervix long intact. This form is slow in giving rise to symptoms. 3. Begins as a circumscribed cancerous infiltration of the tissues of the cervix, which is irregularly tumefied; and finally it ulcerates through towards the outside or inside of the cervix.

The latter two forms, as a rule, can be operated on with any prospect of permanent success only by the total extirpation, as they readily spread over the entire uterus and their limits cannot be at once determined.

Of the cases analyzed, twenty died; ten complete and ten partial. Of those treated by total extirpation (twenty-nine), one-half had relapses within a year after operation. After two years, one-fourth still remained well,—such result being a full justification of the operation as a means of prolonging life. Of those treated by partial extirpation (eighty-eight), forty-five remained well at the end of a year, and observation for five years did not greatly modify this proportion.

[A successful case of complete extirpation was reported by Dr. Wm. Goodell to the Obstetrical Society of Philadelphia, April 15, 1886.]

LAWSON TAIT ON OVULATION AND OÖPHORECTOMY.

In a lecture delivered by Mr. Lawson Tait in the University of Edinburgh, December 18, 1885, he stated as a well-known fact that, while menstruation occurs only at definite and regular times, ovulation may take place at any period, and it certainly is by no means so frequent as menstruation.

He gives as a frequent cause of salpingitis in young girls between the ages of sixteen and twenty, who are pure virgins, a chill after a dance, or sitting on damp grass after playing tennis.

He answers the objection urged against the removal of the ovaries as unsexing the patient by stating that the ovaries are generally small and are bound down by adhesions. The Fallopian tubes are found adhering to the pelvis and are frequently occluded. The patient is thus completely sterilized by the disease itself, and this fact removes the objection that surgical interference prevents any further impregnation; besides, the operation relieves the great pain and suffering. The dyspareunia is hereby removed, and thus operative procedure is the only possible way of resexing the patient.

He thinks catarrhal salpingitis a prominent agent in the causation of tubal pregnancy,—“spermatozoa going up the tube because they have no ciliæ to fight against.”

Dr. Howard A. Kelly, in the Transactions of the Obstetrical Society for April 15, 1886, demonstrates by description and illustration the changes which take place in the relations of the tubes and ovaries as a consequence of chronic salpingitis

and the extension of the inflammation to surrounding tissues.

THE REMOVAL OF TUMORS OF THE ABDOMINAL WALL, WITH THEIR PERITONEAL COVERING.

Sänger (*Archiv f. Gynäk.*, xxiv. 1), in a recent article, treats of the removal of tumors of the abdominal wall when the peritoneal covering is so closely adherent that it can be preserved only by such a difficult dissection as would leave a large thin sheet of peritoneum without good vascular connections. He removes the tumor, in one case which he reports, and brings the margins of the incision—muscle and skin—together by sutures, and leaves the internal surface without any attempt to bring the peritoneum together. Sanger reports experiments upon animals in which he found that healing takes place and endothelium is formed as is epidermis after the destruction of skin.

INFANTILE JAUNDICE.

H. Quincke (*Archiv für Experimentelle Pathologie und Pharmakologie*, xix. 1, 2) maintains that the common form of infantile jaundice is due to the continued patency of the ductus venosus. During foetal life the blood of the portal vein contains no bile-pigment, as no digestion takes place and but little bile enters the intestine. After birth, bile is poured into the intestine in large quantities, and a portion is absorbed by the portal system of veins and conveyed to the liver, where it is separated from the portal blood. Should there, however, be a delay in the closure of the ductus venosus, a portion of the portal blood containing bile enters the general circulation through the open duct, and gives rise to a more or less intense jaundice, which disappears on the contraction of the duct.—*Med. Times and Gazette*.

ATTITUDE OF THE PARTURIENT WOMAN.

In the *American Journal of Obstetrics*, June, 1886, is an article by H. B. Hemenway, M.D., strongly recommending a sitting position during labor. Among others, he gives the following reasons. Gravity, bringing the vertex more firmly on the os, increases the force of the uterine contractions from reflex influence. The upright position favors the formation of a large “bag of waters” in advance of the foetal head, thus facilitating the dilatation of the os uteri and the soft parts, and preventing friction between the foetus and the partu-

rient canal. The position of the woman should be so arranged as to increase the lumbar curve, thus throwing the fundus of the uterus forward, that the contractions of the abdominal muscles may be thoroughly utilized. The article is ably written and is well illustrated.

RETROVERSION AND FLEXION OF THE
UTERUS.

At the November meeting of the Obstetrical Society of Philadelphia, Dr. Howard A. Kelly read a paper upon a new method of curing "vicious" retroversion and flexion of the uterus that could not be relieved by pessary, tampon, intra-uterine medication, or any of the ordinary methods of treating that trouble. The plan was to secure the cornua of the uterus by means of sutures to the abdominal wall, at least two inches above the pubes, to allow for distention of the bladder. He had adopted the method in one case in which he had previously removed the appendages for ovarian disease. The result was very satisfactory. Communications concerning somewhat similar operations from Keith, Tait, and Snger were read. The paper will appear entire in the *American Journal of the Medical Sciences*. The name suggested for this operation is *hysterorrhaphy*.

OBSERVATIONS ON SOUTHERN
CALIFORNIA AS A RESORT FOR
PULMONARY INVALIDS.

Read at Binghamton, New York, before the New York
State Medical Association, June 17, 1886,

BY THERON A. WALES, M.D.

THE search for the Fountain of Youth was but a primitive expression of desire to renew the failing functions of these mortal bodies by some mysterious, because far-away, source of recuperation. Science cut down that hope; but it has sprung afresh in every age, growing upon a perhaps more rational but hardly more substantial basis.

One of these articles of later belief, to which science has given at least quasi approval, has been the assertion that all pulmonary invalids could and would be restored if the sufferer should be placed in the proper climate as regards purity, moisture, elevation, and temperature; and of late years much time, thought, observation, and critical examination has been given to the demonstration. To a body

of trained medical gentlemen I need not stop to explain how far this is from being the whole truth; but I observe merely that it seems popular in proportion to its incompleteness.

At one time or another, various parts of our union of States have been extolled as the point where the sufferer from pulmonary difficulties would find relief and restoration of health, and therefore prolongation of days; and thither the annual army of such sufferers has wended its hopeful way, in too many cases to be returned in narrow coffins to former homes, silent witnesses that even "the finest climate in the world" cannot do everything.

At one time or another, Minnesota, Florida, Colorado, and even Texas, has attained pre-eminence in such matters; not to mention the similar claims of the Adirondacks, the western half of North Carolina, and Eastern Tennessee, as well as some other portions of the Southern States, and the lake regions and pine woods of the State of Maine.

It is not my purpose to discuss in this paper how much climate may or may not do for pulmonary complaints, but to assume that, under proper regulations, climate may be of great advantage, and, therefore, to examine Southern California with that point in view.

It was the fortune of the writer to spend the months of January, February, and March of the present year in the southern half of California, and, as he went purely for observation and adventure, he had no bias to tincture his opinions either for or against the country as a resort for pulmonary sufferers.

The northern limit of observation was about the Bay of San Francisco, the southern at San Diego; while, width-wise, he saw varied and various points from the Sierra Nevada to the Pacific sea-beach. At all points he met and conversed with so-called consumptives, varying from the professional dyspeptic—who always expectorates in his handkerchief and then minutely examines it, and who manages to worm out of you, as soon as he learns you are a physician, an "unofficial" opinion of his case *without cost to himself*, and then triumphantly refutes it by telling you what Dr. Blank said was the matter with him that very morning—to the poor, hopeless, hollow-eyed, hectic sufferer whose ringing cough echoes nightly through the

long corridors of every hotel on the Pacific coast, and who always thinks he must have taken a little cold the day before.

The Southern California coast-line impinges upon the Pacific Ocean at an obtuse angle, of which Point Conception is the apex. All of California north of this point, so far as the coast is concerned, is absolutely harmful to pulmonic sufferers. South of it is the land of blessing, if the disorder of the lungs be one susceptible of improvement from sea-air. North of this point along the coast comes in the morning the damp sea-fog, chilly and depressing; while in the afternoon the fierce acrid northwest wind completes the mischief the morning fog began. It is no climate for irritable lungs, and should be carefully avoided by such sufferers.

Roughly speaking, Californian topography can be divided into the Sierras or mountains, the Mesa or table-lands, and the coast-region or sea-side; but in detail there are to each of these sections accidental surroundings which so modify the climate that in no country in the world can you find such numberless varieties of climatic conditions as in this Golden State. Therefore it is that the invalid seeking health on the Pacific coast has need to know where and why he should seek some particular location.

In general terms, again, the high altitudes are advantageous to those whose lungs are small, weak, or partially collapsed; the Mesa and foot-hills, to those of a catarrhal tendency; while the coast furnishes, with its increased moisture and saline quality, a soothing, equable air for many whose respiratory surfaces are hot, dry, and irritable. * * *

I am reminded here to speak of a failing, examples of which were never wanting among the seekers for health on the Pacific slope,—a failing of family physicians in regard to those patients whose lungs have exhibited tendencies to disease too obstinate to be successfully overcome. It is unpleasant to have patients die. It is painful to lose those who generally are more than patients, are warm and admiring friends; too often those whom we have welcomed at birth, have guided through the diseases of infancy, and have watched over as they developed into young men and women, only to see them fall victims of that arch-enemy, pulmonary phthisis.

I fear that at times some of us have

found it easy to evade the final struggle with the great destroyer by recommending the patient to try a "change of climate," and have added, to accelerate the departure, "that whatever change was made had better be made promptly." And so the poor sufferer, not infrequently a frail girl, is bundled off, it may be to California, because "John had heard that Andrew said that James had written home that Peter's wife's mother, since she went to California, has got strong and well, notwithstanding the fact that the doctor had said her lung-trouble would never be any better." No knowledge, mind you, of the diagnosis or exact condition of Peter's mother-in-law's lungs; no knowledge as to whether the cases are similar; no precise knowledge even of her own lungs, further than that the doctor said her lungs were "somewhat affected," and that she had better try a change of climate; no knowledge of the climate to which she is going; no knowledge of anything except that, whereas she now is failing, she has an expectation that the mighty climate of California is miraculously to restore her to health. And so, some day, travel-stained and weary, with perhaps a single companion, she is landed at a hotel on the Pacific coast, placed in a lonesome, sunless room, with no means of heating, in a climate where to sit in the shade is to take cold invariably, and literally left to herself. That night comes up a furious norther,—for even on the much-lauded Pacific coast come up furious northers,—and the unfortunate invalid wakes in the morning to shiver with cold in the finest climate the world ever saw. With insufficient clothing, because she was going to a warm country; with no fire; timid and unaccustomed to travel; unable to get anything without feeing the waiters; homesick and forlorn, what wonder she soon takes to her bed, sick and sorrowful? And even then, when she asks for a physician, ten to one but that the employee who is sent to call on one is in collusion with some humbug, and for a percentage places her in the hands of a quack. You can imagine the rest; I do not need to dwell. Some day her lifeless form is returned to sleep in the quiet churchyard of her native village. A victim of what? Of the California climate? By no means. I implicitly believe that the California climate, suitably selected, can do more than any

other one thing for the relief of pulmonary sufferers.

No, not a victim of the over-praised climate; but a victim first of the neglect or carelessness of the family physician to properly inform her or her friends of the exact physical condition, and to furnish proper instructions as to the surroundings most favorable for an ultimate recovery; whether at a high altitude or a low one; whether in a moist or a dry air; whether near the sea or remote; and many other details which easily occur to you, but which I will not here take time to record; and, most of all, to have sent with her a careful diagnosis of the case, with a history of previous attacks, etc., for the guidance of any honest physician under whose care she may come. A victim also of that too general but fallacious belief of people that there exists somewhere, not a fountain, but a marvellous climate, which will cure universally every sick one who shall come to breathe its health-giving air.

A victim, furthermore, of those conscienceless, rapacious, predatory rascals who fatten upon the credulity of suffering humanity, and who throng in Southern California, and particularly in Los Angeles, as thickly as the gray wolves of the plains upon the heels of a wounded elk. * * * These are but a few of my observations.

Nevertheless, Southern California is the most excellent place yet found for the relief of those sufferers whose trouble is of a pulmonary character; the best unaided agency in the world for the restoration from pulmonary disease, when the situation is properly chosen.

ELMIRA, NEW YORK.

REPORT OF A CASE OF SPLENIC LEUCOCYTHÆMIA.

Read before the New York State Medical Association, Third District Branch, meeting at Binghamton, June, 1886,

BY E. LESTER, M.D.,

Seneca Falls, New York.

THIS disease, as described by His, Gowers, and other writers, is characterized by a permanent increase of the white corpuscles in the blood, the tint of which is, in consequence, paler than in health.

To refresh your memories of the character of the disease I will give you a synopsis

of the symptoms as laid down by these writers before I describe my case, which I consider well marked in every respect.

The glandular system is affected, although not so much as in Hodgkin's disease: still, the mesenteric glands become enlarged in most cases. Heredity, sex, age, and conditions of life have an influence in causing this disorder. Malarial influences stand at the head in producing this disease. The first symptoms are splenic pains and abdominal enlargement. These are followed by weakness, languor, pallor, digestive disturbance, dyspnoea, excessive and unnatural appetite, vomiting, and diarrhoea. Hemorrhage from the nose, as the disease progresses, is almost a constant symptom. Noises in the head, deafness, pain in the back of the neck, priapism without passion, are among the most prominent symptoms.

The average duration of life is about two years.

The case I have to report of this disease was a young man, aged 18 years, American by birth, of healthy parents; born in the country, and living on a farm in a non-malarial section till he was fourteen years old, when his parents came to Seneca Falls with him, their residence being on the bank of Seneca River. At the age of fifteen he had malarial fever, which assumed the form of ague, and when he was sixteen, in the summer of 1884, he had typhomalarial fever, and was confined to his bed for some weeks. He resumed work after that sickness till the spring of 1885, when he was taken sick with pain in the back of the neck and general weakness. I was called in council by his attending physician, and found that the most peculiar symptom in his case was priapism.

His penis was erect and full, the corpus cavernosum bulged, the corpus spongiosum full and firm, so that the organ could not be bent. We looked for a cause; there was no tenderness along the spine, only pain at the base of the brain, and that only at times. Warm baths were used so that he could empty his bladder; the doctor said he could not introduce a catheter, but after a warm bath he could evacuate his bladder by getting on his hands and knees. His pulse was slow; his skin dark and leaden-colored; spirits low, with fear of death. The doctor told me he tried everything to relieve him, but the priapism did not leave him till the end of ten

weeks. I saw him only once, at that time. In September, 1875, they brought him to me. His abdomen was then greatly distended; his color pale and dusky; his eyes dull; so deaf you could hardly make him hear; his gait was unsteady; breath short and difficult; the arteries above the clavicle beat so you could see them across the room; said he had frequent nose-bleed; an enormous appetite; slept a great deal.

I then took the case. I gave him mercurial cathartics and followed with quinine in pretty large doses, and he seemed to improve for a few weeks; but all of his bad symptoms returned; his abdomen increased so much that I introduced an aspirator-needle, but not a drop of fluid did I get. His feet and legs swelled; he had iritis in his left eye; his testicle swelled and was very painful; his nose-bleed came on every day, with the pains at the base of the brain; he lost his appetite; could not sleep; was very restless; nose-bleed so severe I had to keep the passage plugged all the time till death came, February 17, 1886, from exhaustion.

Post-mortem held February 18; made an incision in the median line. The whole abdominal cavity seemed filled with the spleen and liver; there was no fluid, no adhesions; the stomach was distended; the liver and spleen had pressed the diaphragm up to the fourth rib; the heart was pressed to the right and nearly horizontal. Removed the liver and spleen. The liver weighed fourteen and a half pounds, and the spleen seven and three-quarter pounds. The left kidney was nearly seven inches long and three in width; the other was a little above the normal size.

The points of interest in this case are the long duration of the priapism (ten weeks), the great weight of the spleen (seven and three-quarter pounds), and the size of the liver (fourteen and a half pounds).

OXALURIA.

*Read before the New York State Medical Association,
Third District Branch, at the Meeting held at
Binghamton, New York,*

BY A. R. NICHOLSON, M.D.,
Madison, New York.

WITHOUT attempting in this paper any originality of thought, it is my purpose merely to bring to your notice a group of patients that to me in a brief prac-

tice has been quite a large one, and after an understanding of the case and a correct diagnosis, with appropriate remedies, I have found very amenable to treatment.

The sex of those that have come under my observation has been principally the male, although I am not prepared to state that man as the rule is more liable to be affected than woman.

These patients are not ordinarily termed sick,—that is, are not confined to their room or house,—and are able to be about; yet they are incapacitated from attending well to their vocations. They are not even in possession of good enough health to enjoy life, but, on the contrary, complain of a disturbance of the nervous system; feeling irritable, dejected, and melancholy, with a loss of ambition, and disinclination to attend to any slight duty which may devolve upon them. They are unreasonable in their desires and demands, finding, as they say, "there does not anything go right."

Their business, if they have any, becomes dull and irksome; there is a desire to absent themselves from it, and to avoid society, preferring to remain alone and brood over their bad feelings.

In two cases the patients confessed that they had felt a desire to rid themselves of their bad feelings by committing suicide, but lacked energy or courage to do so.

The physical sufferings are usually those of severe headache. The patient imagines that his brain is diseased, or at another time he may have a feeling that his heart is affected, and wish that organ examined. But more frequently attention is called to pain through the loins and abdomen, with an occasional pain in the thighs. I have also noticed a frequent desire to micturate, and a sense of heat accompanying the passage of the urine. The stomach is usually deranged, and there is a consequent loss of appetite, with an accumulation of gases, which disturbs the patient by frequent eructations, and a degree of emaciation results.

In alluding to this class of cases I refer to the condition known as oxaluria. Upon an examination of the urine of such a person, a few or many octahedral crystals of the oxalate of lime will generally be detected, which can be found readily with the aid of a microscope with a magnifying capacity of four hundred diameters and of good defining power. The urine

usually is devoid of any other abnormality except an excess of earthy phosphates.

Such cases, although not presenting a very sick appearance, demand the serious attention of the physician. In order to benefit the patient, there needs to be found out the cause leading to this condition, which is frequently indigestion: the food is but partially fitted for absorption, and the processes of oxidation are retarded. In these cases the cause of the indigestion must be sought and treated. It may be that the patient's food is not of the right kind; it may contain so much starchy material that all of it cannot be completely oxidized, or the person may be breathing impure air, and the blood may not contain sufficient oxygen to oxidize a proper amount of food. The conditions under which the patient lives must be investigated. Too close application to business, with insufficient out-door exercise, or too small a quantity of water that is free from lime, may aid in causing it.

For the purpose of assisting in the oxidation of the food and stimulating the action of the liver on the food, nitromuriatic acid, in five-drop doses well diluted and taken through a glass tube, after meals, serves the best of any medicinal remedy that I have used. This forms a pleasant drink, that most patients take with a relish.

A very important part of the treatment consists in relieving the patients of anxiety attending their condition by directing the attention to other objects, out-door sports, or active employment in the open air, and by freeing their minds of business cares for a period, until the oxalates can no longer be detected in the urine.

By following this mode of treatment, I have been enabled to relieve my cases completely of their physical sufferings, and those due to imagination readily vanish.

TRANSLATIONS.

IGNIPUNCTURE AS A METHOD OF SURGICAL TREATMENT OF CHRONIC CERVICAL ADENITIS.—Dr. Dumenil, Professor of Surgery at Rouen, reports nine cases of enlarged glands of the neck among soldiers treated by the introduction of a platinum wire into the gland and the practice of

galvano-cautery. In some cases there was a discharge of caseous matter and free suppuration for a few days; in others this did not occur. In both groups of cases the glands rapidly underwent resolution, and only a trifling scar was left by the operation.

Although the most radical and rapid method of removing these glands would be by the surgeon's knife, which may now be done with antiseptic appliances even by the most timid, there still are cases in which deep cauterization has the advantage: for instance, where the patient recoils from ablation, or where the tumors are multiple. In case of doubt as to the malignant character of a tumor in these regions, probably prompt extirpation would be the most advisable plan of treatment.

At the present day this affection is no longer considered as a strumous engorgement or scrofulous adenitis, but as a local tuberculosis. The lymphatic glands of the neck receive the lymphatic vessels coming from the buccal, nasal, and pharyngeal cavities, and are specially liable to receive infectious particles which are carried by the air. The numerous diverticula which are met with in these regions, and the frequent lesions particularly of the gums, constitute ports of entry into which the infectious elements may enter with the greatest facility. The marked frequency among soldiers is due partly to bad hygiene, and particularly to neglect of the buccopharyngeal cavity.

As the affection is found very frequently among quite vigorous subjects whose general health is good, and in whom no hereditary predisposition exists, it appears evident that the local conditions are quite sufficient to explain the production of tuberculous adenitis.

In making the cauterization, a filiform galvano-cautery surmounted by a button was first employed, but afterwards was replaced by a simple platinum point, which was made to penetrate to the centre or traverse the tumor in one or more directions. Cold compresses were then applied. Anæsthetics were not needed. In all the cases except one the ignipuncture gave satisfactory results. The exceptional case passed from observation without having shown any diminution in the glands, but his general health remained good.

In almost all the cases the glands were in the way of becoming caseous, and it is

in this condition that good results have been the most rapid and the most striking. It would be interesting to know whether the cure was radical in these cases, or whether they afterwards suffered with visceral lesions due to infection. This question, which is of great importance, remains for subsequent investigation.—*La Normandie Médicale*.

ANTIFEBRIN.—Drs. A. Cahn and P. Hepp, assistants in Kussmaul's clinic at Strasburg, having made a series of observations of the action of the neutral substance acetanilide, or phenylacetamide, declare that it possesses remarkable power in controlling abnormally high temperature. This property is so characteristic that they propose its use in medicine under the title of antifebrin. It is a white, crystalline, odorless powder, slightly pungent to the taste, freely soluble in alcoholic liquids, and soluble in hot water, but almost insoluble in cold. It does not combine with either acids or bases, and, although a derivative of aniline, is itself non-poisonous in comparatively large doses, either to the lower animals or man. In cases of typhoid fever, erysipelas, acute rheumatism, phthisis, leucæmia, pyæmia, and pneumonia, to which this agent was given in doses of from four to fifteen grains (not more than thirty grains daily), decided effects were obtained upon the course of the fever. With the lowering of the temperature there was a decrease in the frequency of the pulse, but an increase in volume. Some unusual thirst or diuresis was observed for a few hours after the remedy was administered, but there was no chill and no vomiting.

The drug is efficient in about one-third of the dose of antipyrine. Its other advantages are that it perfectly agrees with the stomach, and that the diaphoresis is moderate in quantity. Special caution is enjoined to employ only the pure drug. It is a matter not only of theoretical interest, but also of practical import, that while others of the recent antipyretics are either phenols (such as carbolic acid, hydroquinone, resorcin, and salicylic acid) or bases of the quinoline group (including quinoline, kairin, antipyrine, and thallin), in acetanilide we have a body of quite different chemical constitution which exerts a similar effect.—*Centralblatt für Klinische Medicin*.

THE DISINFECTION OF THE HANDS.—After making a post-mortem examination or attending a case of puerperal fever, it becomes a question of great importance how to disinfect the hands thoroughly before attending another parturient woman. From experiment with gelatin cultures, it was found that if the hands are brushed with a solution of carbolic acid (three to five per cent.) or one of thymol (six per thousand), or in corrosive sublimate (one to a thousand), or if washed five minutes with soap and warm water, then brushed for two minutes with dilute chlorine solution, they are thereby perfectly disinfected.—*Revue Int. des Sciences Médicales*.

THE OBSTETRIC BANDAGE.—Professor Czerny, of Heidelberg, attributes the pendulous abdomen of some women who have borne children to the want of proper bandaging after labor. Observation has shown that the shape of the abdomen and the tone of the abdominal muscles are decidedly improved by the use of the obstetric binder, not only during the first week, but also for several weeks after confinement.—*Centralblatt für Gynäkologie*, No. 3, 1886.

ANISIC ACID, A NEW ANTISEPTIC.—By oxidation of oil of anise, anisic acid is obtained, which is isomeric with methyl-salicylic acid and has germicidal properties. The anisate of soda does not disagree with the stomach, reduces temperature, and increases intra-vascular pressure. It may be used in surgery as an antiseptic, or in the treatment of acute articular rheumatism as a succedaneum of salicylic acid.—*Revue de Thérapeutique Méd.-Chir.*, No. 15.

CHLOASMA.—Aguilar recommends the following:

Goa powder, 3 parts;
Acetic acid, 2 parts;
Benzoinated lard, 35 parts. M.

Three applications to be made daily.—*Revue de Thérapeutique Méd.-Chir.*, No. 15.

PAINFUL UTERINE CONTRACTIONS IN PARIETAL MYOMA.—P. Mérière has found the following very efficient:

R Acid. citric., 0.25;
Narceinæ, 1;
Ext. viburni prunifolii, 2;
Syrupi, 250. M.

Dose, a dessertspoonful every two hours until the pains are relieved.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 27, 1886.

EDITORIAL.

CLINICAL ELECTROLYSIS.

THE solvent action of the electrical current upon both normal and abnormal tissues of the human body has come to be an interesting and important therapeutic study. That the current has a decided chemico-physical effect when used by galvano-puncture in an aneurismal sac, or within a nœvus, has long been undisputed, but the claim that it exerts a solvent action upon ordinary inflammatory deposits has not been so generally recognized. This slow recognition is due, we think, to two causes. First, the advocates of the method have been carried away by their enthusiasm rather than led by patient observation, and their reports are often lacking in the fulness of detail, patience in trial, and candor of statement which are necessary to insure their acceptance. Secondly, the sceptics who have essayed to test the method have been still more deficient; for, in addition to the biassed state of their minds, they have often been absurdly lacking in expert knowledge and skill in the use of electricity, without which success is impossible.

At a recent meeting of the Philadelphia County Medical Society a paper was read by Dr. J. Hendrie Lloyd embodying the results of a very careful and prolonged trial of electricity upon inflammatory deposits in the female pelvis. The chief points brought out by this paper may be briefly summed up as follows:

The term electrolysis, as applied to this process, is probably in part a misnomer. While true electrolysis no doubt contrib-

utes somewhat to the result, it is certain that the resistance encountered in the mucous membrane, and the consequent diffusion of the current, do not allow of as great a concentration of electric force upon the diseased tissues as would be necessary to secure perfect electrolysis. This objection is, of course, removed in those cases in which it is possible to use a needle as one electrode and to puncture the tissues. This, we believe, has been done by Dr. Baker in one case of cellulitic deposit, but in the great majority of cases of pelvic cellulitis and stricture of the male urethra it would be neither practicable nor safe. The writer of the paper believed that electrical osmosis and the secondary action (chemical) of electrolysis, as well as counter-irritation, probably, all contributed to secure the result.

The dose of electricity ought in every case to be measured by a reliable galvanometer. This is necessary, first, in order to establish accurate data for subsequent deductions and future trials; in other words, to make the process strictly scientific. Again, the safety of the patient and the convenience of the operator demand this precision. This was emphatically shown in one of Dr. Lloyd's cases, where, in spite of careful observation, damage was done to the vaginal tissues. This will be impossible when the average safe dose is known and recorded; and these observations do much to indicate this average. Without measurement, and with the electrode out of sight, the operator cannot know whether he may not be doing too much on the one hand, or not enough on the other. The essential thing is to obtain the proper *quantity* of electricity. The particular *form* of galvanic cell from which it is obtained is of secondary importance. Every cell will give a quantity of electricity in exact relation to its volt force and the external resistance. If they are weak cells, more of them will be needed. The problem is strictly accord-

ing to Ohm's law, and the record is kept by a galvanometer.

The results obtained in these cases were encouraging. The evidence of absorption of inflammatory deposits was well supported, while the relief to many secondary symptoms was great. The details are as exact and complete as they can be made with our present knowledge. The paper was preliminary to a report which the writer intends to make upon the practice of electrolysis upon various diseased conditions. These cases were selected, first of all, because of the comparative ease of observation.

SOME RESULTS OF PASTEUR'S TREATMENT FOR HYDROPHOBIA.

ON October 31, 1886, one year and five days after M. Pasteur first advocated the practice of inoculation as a cure for hydrophobia, two thousand four hundred and ninety persons who were bitten by animals, rabid or supposed to be rabid, had received treatment in Paris according to his new method. The applicants from France and Algiers alone numbered seventeen hundred. In ten of these the treatment was unsuccessful in preventing the fatal result; in two cases death was directly attributable to delay in beginning the inoculations. Excluding these two, therefore, the deaths among the French subjects treated were one to one hundred and seventy: less than six-tenths of one per cent.

M. Pasteur thinks it probable that but few of the persons bitten by mad dogs in France during the past year had failed to apply at the laboratory in the Rue d'Ulm for his treatment; and yet of this comparatively small number who were not treated seventeen died with hydrophobia.

In the preceding five years sixty persons died with hydrophobia in the Paris hospitals; an average of twelve per year. During the past year there were in these hospitals

of Paris only two deaths recorded as due to this disease, and in neither of these had inoculation been practised.

M. Pasteur has recently modified his method somewhat, so that now, in cases of wounds of the face or severe bites generally, the inoculations are repeated at more frequent intervals. He claims that immunity is thus attained earlier.

Assuming these statements—made before the French Academy of Medicine on November 2—to be true, it would seem that the great French chemist and man of science has finally established his method upon a secure foundation. Sciolists who contest M. Pasteur's method upon merely theoretical grounds would do well to study the figures above given. If they rest upon errors of observation, they should be exposed. If his statistics are correct, doubt seems no longer permissible. At all events, M. Pasteur has thrown the gauntlet into the arena in claiming that his method has received the endorsement of clinical experience, and that his hypothesis as to the power of anti-rabic inoculation to check the development of the dread disease—even when performed subsequently to the infliction of the injury—has been firmly established upon an experimental basis. Accepting the facts to be just as they are stated, the demonstration seems to be complete of the propriety of resorting to this treatment in cases unquestionably bitten by an animal known to have hydrophobia. As to the *modus operandi* of the remedial method, it remains an unsolved problem, with regard to which we confess ourselves very much in the dark.

THE RESULTS OF DR. SHAKE-SPEARE'S RECENT INVESTIGATIONS UPON CHOLERA.

ON the 18th instant a special meeting of the College of Physicians of this city was held in order to hear a lecture upon Cholera by Dr. E. O. Shakespeare,

who has recently returned from a tour of investigation by special appointment of the United States government. During his stay abroad he made personal visits to those whose labors have rendered them distinguished in this field; not only in several countries in Europe, but also in India. In commencing his review of his work, at the College, Dr. Shakespeare gave brief accounts of recent epidemics of cholera in the different countries where it had been studied, and illustrated his remarks by diagrams of morbidity and mortality. The connection between the outbreaks of the disease and infected water-supply was clearly shown in nearly every instance.

Although the proof of the statement that the comma-bacillus is the active and efficient cause of cholera Asiatica was not entirely satisfactory to his mind, the lecturer felt no hesitation in declaring that Koch had conferred an inestimable boon upon the race by placing in the hands of every practitioner an infallible means of diagnosis of this disease from cholera morbus and other diseases resembling cholera. He expressed the opinion that a health-officer or physician who, in the presence of suspected cases and before the prevalence of the malady as an epidemic, should fail to employ this means of deciding whether or not the disease is genuine cholera, would be guilty of criminal negligence.

After a personal visit to Ferran, in Valencia, and an examination of his methods of investigation, he was prepared to endorse the verdict of the French Commission with regard to the condition of his laboratory, but as to Ferran himself he arrived at a different conclusion. He was impressed by his modest bearing, and believed him a cultured gentleman, possessed of no mean skill as a bacteriologist. In his laboratory Dr. Shakespeare found as pure cultures of the comma-bacillus, and as handsomely mounted and stained specimens, as could be found anywhere in Europe. A few of these slides, made in his

presence, were exhibited after the lecture was finished.

With regard to the result of Ferran's inoculations, Dr. Shakespeare demonstrated by the official returns made by the government officers, who are not friendly to Ferran, that there was a sudden and marked reduction in the number of cases and in the mortality in several villages after the inoculations were begun,—this measure apparently having about six times the value of ordinary hygienic precautions in checking the epidemic. The facts concerning inoculation, so far as they have been reported officially, seem to indicate the importance of making, in future epidemics, this method the subject of a searching scientific investigation, such as it has not received up to the present time.

A GERMAN MEDICAL SOCIETY IN PHILADELPHIA.

At a meeting of German-speaking physicians of this city, held recently, it was decided to form a new medical society, the objects of which would be to afford a means of increasing the knowledge of the German language and medical literature on the part of its members, and in general to serve the ends of advancing medical science by holding monthly meetings for the reading of papers, the reporting of cases, and discussing questions of interest which properly would come before such an organization. Ferdinand H. Gross, M.D., of the staff of the German Hospital, was elected temporary chairman, and a meeting for organization will soon be held, at which the charter, constitution, and by-laws will be submitted by a committee appointed for the purpose, which is now engaged in translating the constitution of the Philadelphia County Medical Society into German, with a probability of its adoption as the organic law of the new society. The proposed association has every prospect of a useful career. We heartily wish it success.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND NON-IRRITATING.

Fluid Hydrastis.

The most perfect representative of the drug in the fluid form that has ever been presented. Each fluid pint represents the alkaloidal strength of one pound Golden Seal Root; the alkaloids are **three** in number, and upon them depends the medicinal value of the drug—**BERBERINA**—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate, and Phosphate Berberina (Hydrastia).

Hydrastia, crystallizing in *white* prismatic forms and insoluble in water.

Xanthopuccina, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

FLUID HYDRASTIS is an accurate and definite solution of these medicinal constituents, but in its preparation the *offensive* and *irritating* Resins are rejected.

THE USE OF FLUID HYDRASTIS is suggested in ALL AFFECTIONS OF THE MUCOUS SURFACES; correcting abnormal conditions characterized by profuse discharge of tenacious mucus, subacute inflammation, erosions, and superficial ulcerations.

IN LEUCORRHEA, with thick, albuminous discharge, like the white of an egg, use locally by injection, 1 to 4 drs. to 1 pint of water, 3 or 4 times per day.

IN ULCERATION OF THE CERVIX UTERI AND VAGINA, with tenacious discharge, place in contact with the inflamed surfaces *cotton* saturated with Fl. Hydrastis, 2 to 4 drs. to Glycerine 4 oz.

IN STOMATITIS, pseudo-membranous, ulcerative, or gangrenous, when the inflammation is sub-acute or characterized by profuse secretion of ropy mucus, use as a gargle or wash in proportion of 1 to 2 drs. to water 4 oz. When the breath is offensive, Pot. Chlorate or Baptisia assists its action.

IN GONORRHEA, as an injection, and in *Balanitis*, as a wash.

IN NEPHRITIS, acute and chronic, when mucus is found in the urine, use internally 1 to 4 drs. in water 4 ounces. Teaspoonful 3 or 4 times per day, as adjunct to other treatment.

IN CYSTITIS, acute and chronic, when the urine is pale or greenish, and viscid from abundance of mucus, use internally 1 to 4 drs. in water 4 ounces. In the severer cases of chronic Cystitis with phosphatic urine, rinsing out the bladder with tepid water, and following with Fluid Hydrastis 1 to 2 drs. to water 4 ounces; 1 ounce, to be used as an injection into the bladder, is often of great benefit.

DYSPEPSIA, with undue activity of the mucous glands and deficient action of the gastric follicles, of which the symptoms are a heavily-loaded tongue, especially at the base, and in the morning dull, aching pains in the stomach, with sinking sensations, nausea, and occasional vomiting of vitiated mucus, use $\frac{1}{2}$ to 1 ounce Fluid Hydrastis to a pint of sherry or native wine. Dessertspoonful 3 or 4 times a day.

IN CONSTIPATION, either simple or of hepatic origin, in doses for an adult of gtt. 10 to gtt. 40, 3 times a day. In *Infantile* constipation, 1 to 2 drops twice daily.

IN BRONCHORRHEA AND COUGH, with expectoration of yellow, tenacious mucus.

IN OPHTHALMI TARSI, CONJUNCTIVITIS, and other diseases of the eye, in which occur mucous or muco-purulent discharges, locally gtt. 10 to gtt. 15 in distilled or soft water 4 ounces.

IN INTERMITTENTS, especially of the type characterized by disease of the *gastro*-intestinal mucous membrane, with nausea, heavily-coated tongue, broad and flabby and pale, or coated with yellow, dirty mucus; bowels constipated, or, when moved, clay-colored or streaked with mucus, use 1 to 4 drs. to water 4 ounces. Teaspoonful every 3 or 4 hours.

IN CATARRH OF THE INTESTINES, and superficial ulceration of same; in *Fistula* in Ano, and hemorrhage from the Rectum. Internally and locally by injection, 1 to 4 drs. to water 4 ounces.

AS A LOCAL INJECTION, to prevent decomposition, applied to the surface of cancerous growths and unhealthy ulcers and sores; as an injection into the bowels in diarrhoea and dysentery, and to correct the offensive character of many mucous discharges.

Introduced and alone prepared by

The WM. S. MERRELL CHEMICAL CO., Manufacturing Chemists, CINCINNATI.
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LEHN & FINK, 128 William Street, NEW YORK, Agents.

New Medicaments for Bronchitis and other Respiratory Affections.

CHEKEN. (Myrtus Chokan.)

THIS PLANT, indigenous to Chili, was introduced to the profession by Dr. Murrell, the famous English therapist and collaborator of Ringer. Dr. Murrell found Cheken to be of great value in chronic cough, especially in the "winter cough" of elderly people.

An extensive trial of this remedy has not only confirmed Dr. Murrell's observations but has widened the range of the therapeutic application of Cheken so that at the present time it is looked upon, on account of its alterative and demulcent properties, as an indispensable addition to "cough mixtures," particularly in those intractable cases of long standing which have assumed a subacute or chronic course. The dose of the fluid extract which we manufacture is from 1 to 2 fluidrachms.

TEREBENE.

TO DR. MURRELL the profession is indebted for the introduction of another remedy which seems to be almost a specific in winter cough or chronic bronchitis, than which there are few more annoying maladies. Terebene facilitates expectoration, relieves the cough and shortness of breath, and also the acidity and flatulence, which so often accompany bronchitis. Dr. Murrell, in the *British Medical Journal*, Dec. 12, 1885, states that he has employed Terebene in 114 cases of winter cough with the most gratifying results.

We furnish *Terebene Pure*; *Terebene Inhalant* after Murrell's formula; and *Soluble Elastic Capsules Terebene*, each containing 10 minims.

YERBA SANTA. (Eriodictyon Californicum.)

YERBA SANTA is a demulcent expectorant in harassing cough: both in hospital and private practice this remedy has been subjected to a thorough trial, and the reports of its use are unanimous in according it a high place among remedial agents in the treatment of the distressing cough accompanying inflammatory affections of the respiratory mucous membrane. Its action has been likened to the combined action of ipecac and balsam of Peru, but it possesses, in addition, through its resinous principles, an action which is wanting in these valuable drugs in irritative bronchitis.

LIPPIA MEXICANA.

IN ITS native habitat this remedy was long known to possess medicinal virtue in the treatment of coughs. Its popular use led to a scientific investigation of its claims, which has resulted in its general introduction to the medical profession, and a clinical test of its merits by physicians has confirmed the popular opinion of its value. Alone or in combination with other remedies, such as Yerba Santa, Cheken, etc., it has been found most serviceable in controlling cough.

Working Bulletins and Circulars fully descriptive of above remedies, together with reprint of Dr. Murrell's article on winter cough, will be mailed on application.

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DETROIT, MICHIGAN.

NOTES FROM SPECIAL CORRESPONDENTS.

LONDON.

THE matters of greatest interest here at the present time are those involved in the opening of the medical schools. We have eleven fully-equipped medical schools in London, not including the London School of Medicine for Women, which is also fully equipped. In the provinces there are eight medical schools: four connected directly with universities,—viz., Cambridge, Oxford, Newcastle, and Owens College, Manchester,—and four which have no such direct connection,—viz., Bristol, Birmingham, Leeds, and Sheffield. Of these, the last-named has not in recent years published any returns of the number of students entering, and the schools at Bristol and Birmingham have always been small. Cambridge is by far the largest English school outside London; Owens College stands next; and then, at a considerable distance, follow Newcastle (connected with the Durham University) and Leeds. The Oxford Medical School has only begun serious work as a completely-equipped school this session. Twelve students have joined this term, and I understand that twenty-one students in all are at present dissecting. Considering all the circumstances and the peculiarly strong opposition to the adoption of medical studies which seems to be offered by the *genius loci*, this must be considered encouraging evidence of the tendency among the class who go to Oxford to take up the study of medicine. The physiological laboratories, under the direction of Professor Burdon Sanderson, are now in order, and a new dissecting-room, with accommodation for seventy students, has been taken into use at the beginning of this term.

The number of students entering the medical schools in London this session shows a slight falling off. A considerable improvement was noted last year, but this has not been maintained. In 1884 the number entering was 587; in 1885 it was 647; and in 1886 it is only 623. As several of the schools which suffer most, notably Charing Cross, Westminster, and the London Hospital, have expended large sums of money in rebuilding their laboratories, lecture-theatres, and other buildings, this failure to obtain a larger "entry" is peculiarly disappointing. St. Mary's Hospital is the only school which appears to be winning a new reputation, though it may be noted that both Guy's Hospital and University College seem to be regaining the popularity which for a time they had lost.

The decline in the popularity of London as a medical centre can hardly any longer be disputed, and is causing many searchings of heart. Very various explanations are given for this phenomenon; but the one which

finds greatest favor is that which attributes the decrease in the numbers to the absence of any facilities for London students to obtain the title of M.D. The University of London exacts a long curriculum, and unless a student becomes an undergraduate of that university before the commencement of his student-career, its degrees are forever beyond his reach. At present there is practically no alternative. Many London students obtain degrees from Durham University; but to do this they must, for the time at least, cease to be London students. Indeed, nobody any longer denies that this is a hardship, and at least three schemes have been propounded to remedy it. By one it is proposed that the London University should modify its requirements so as to meet the necessities of average students; another owes its existence to the Association for Promoting a Teaching University in London, and practically involves the creation of a new university compounded out of the various teaching colleges "of university rank" at present existing in London; the third is the proposal that the Royal College of Physicians and the Royal College of Surgeons, which, under a temporary arrangement, recently formed a conjoint examining board to grant a double diploma in medicine and surgery, should conjointly obtain a charter empowering them to grant the degree of M.D. It is this last scheme that seems most likely to be realized: it has a persistent and influential advocate in Sir William Jenner, the President of the College of Physicians, and if the conjoint committee which is at present at work can agree on a good working constitution, it is highly probable that the charter will be obtained.

In this connection it is curious to note that Mr. D'Arcy Power has shown, in a recently-published historical work chiefly founded on materials left by the late Mr. Flint South, that such a union between the two colleges existed several centuries ago, but, after lasting about fifty years broke down. Whether Mr. Power's discovery is an argument for or against the present scheme I must leave to others to determine; but, as it stands, it certainly seems to cut both ways.

A serious difficulty has arisen, however, in connection with the Apothecaries' Society, which has the statutory right to grant a license to practise medicine. It has applied to be allowed to join the Colleges of Physicians and Surgeons in the formation of a conjoint board, and has so far been refused. The final decision has not yet been taken; but should it be adverse there would be a risk that the Apothecaries' Society would presently die of inanition. This would not in some quarters be regarded as a misfortune. It has, however, been recently pointed out that the Society is the only body which possesses any effectual powers for the suppression of quackery or any form of unlicensed

practice. A good deal of practice is done by chemists and druggists, who prescribe over the counter and in some cases visit their "patients," by bone-setters, and by herbalists. It is only when the patients die and the necessity for giving a certificate as to the cause of death arises that these gentry are liable to find themselves within the clutches of the law, and, as a rule, they have sufficient address to avoid the scandals and publicity which official inquiries involve.

The wide-spread belief that there is some connection between the tonsils and the testicles, and that excision of the former may induce atrophy of the latter, did not meet with any support during a discussion which arose at the Clinical Society on October 8. Mr. Pearce Gould showed a young man, aged 27, over six feet high, tall and slender, with smooth, hairless face and a boy's voice, in whom the penis was small, the testicles very small, the prostate almost and the seminal vesicles quite imperceptible per rectum; the tonsils were very small. He combated the theory which would have traced in this case a connection between the small testicles and the small tonsils. He said that in Zanzibar all boys had their tonsils removed, and yet the Zanzibarees had not small testicles, and were as fertile as other folk. As the operation of excision of the tonsils had become so common, he thought that, if it had any such influence as was supposed on the testicles, this fact would now be well established. Dr. Felix Semon supported Mr. Gould, as did all the other speakers.

The Royal College of Physicians have received two thousand pounds under the will of the late Gavin Milroy, one of the earliest workers in sanitary science. He was a member of the commission sent out to the Crimea when the mortality among the British soldiers during that most fatal campaign was at its height, and it was to the reforms introduced by this commission that the decrease in the mortality was attributed. Dr. Milroy left the above-mentioned sum for the endowment of a lectureship on public health and sanitation. The arrangements are not yet complete, and in making them the College will have the advantage of considerable experience; the three courses of lectures which have been delivered for so many years have been, on the whole, successful, and the reason has doubtless been that the widest latitude has always been left to the lecturer in the choice of his subject. The Harveian oration, on the other hand, is generally anything but a success, because the "orator" is to a considerable extent tied down. The "orator" of this year, Dr. Pavy, in his "oration" on October 18, ventured to give a slight sketch of the germ-theory of disease, but, probably from want of a thorough acquaintance with it, failed to make his subject interesting; and such failure is but too common.

Dr. Alfred Hill, in his address on taking the chair as President of the Society of Medical Officers of Health, defended the water-carriage system of sewage, which, though in almost universal use in this country, has recently been attacked on various accounts. He said that the sewage of a town with water-closets was but little more offensive than that of a town which had no water-closets, and that with the latter matter was carried instantly and readily by gravitation to its proper destination, which was, of course, the land. The sewage of some of the districts of Birmingham is used for irrigating land, and a considerable sum was realized last year by the sale of stock and produce. Dr. Hill thought that the difficulty of obtaining land suitable for irrigation had been greatly exaggerated, and stated that the amount of land which experience at Birmingham had shown to be sufficient was one acre to every five hundred persons. London is said to be on the eve of a large expenditure to cover the cost of precipitating and deodorizing its sewage, which until the other day was discharged into the Thames in the crude state: even now very little is precipitated. Dr. Hill calculated that, if the sewage of London were utilized on sewage-farms, it would raise vegetables, milk, and meat worth two hundred thousand pounds a year. The necessary works and farms would, however, probably cost an appalling sum, since at least eight thousand acres of arable land, well drained to six feet, would be required.

Professor Hamilton, of Aberdeen, showed at the last meeting of the Pathological Society of London a series of sections of the brain which are probably the most beautiful that have ever been seen in this country. During the series of manipulations to which they are subjected, the sections are stretched so that they are a third to a half larger than natural. He showed sections through the whole, both in the transverse and in the horizontal direction: one made through the corpus callosum had, when viewed in a transparency, almost the distinctness and definition of a diagram. It would be tedious to recount the very elaborate method followed to obtain these beautiful preparations, but the two chief peculiarities about it are that the brain is hardened by being continuously injected (through the vessels) for a week, and that the section, which is cut in a large microtome, is allowed to fall into water, and then caught upon the surface of a glass plate covered with a layer of gelatin; a second layer of gelatin is run over the specimen, and all subsequent manipulations are applied to the section encased in this double layer of gelatin.

The contested elections for the five seats on the General Medical Council continue to excite a great deal of attention, and a whole series of "organizations" and committees, each with its chairman or president, execu-

tive committee, and, as a rule, a treasurer, are at work. There is a great sameness about the addresses, and it is quite impossible to forecast the result.

Mr. Victor Horsley has operated upon another patient with tumor cerebri: he excised a very large tumor, and the patient, who was under the care of Dr. Ferrier, got over the operation well. I hear that in one of his earlier cases the epileptiform fits are beginning to return.

At the meeting of the Ophthalmological Society on October 21, Messrs. Edmunds and Lawford contributed a concluding paper on the mode of production of optic neuritis in head-injuries. Their general conclusion is that when meningitis occurs at the base there will always be optic neuritis, but that when there is no basic meningitis there will be no optic neuritis.

DAWSON WILLIAMS.

LONDON, October 23, 1886.

NOTES FROM PARIS SOCIETIES.

THE Influence of Nerves on the Secretion of Lymph.—At a recent meeting of the Academy of Sciences, M. Serge Lewachen stated that by means of an aspirator, which insures a free and constant flow of lymph surrounding the lymphatics of the saphena vein, he can now prove that, if under any nervous influence a certain modification in the circulation of the blood ensues, it always determines a variation in the secretion of lymph. On stimulating the vaso-motor nerves (constrictors and dilators), modification in the quantity of the lymph results. These modifications are identical, whatever nerves are stimulated. M. Lewachen considers these changes to be in direct connection with the circulation in the corresponding limb.

In a second communication read before the same institution, M. Lewachen stated that he had sought to ascertain if similar modifications in the circulatory system, occurring under the influence of the vaso-dilator and vaso-constrictor nerves, determine variations in lymphatic secretion of the same intensity or a different intensity. This investigator made experiments on the tongue. It is known that vaso-constrictor fibres of the hypoglossus nerve and vaso-dilator fibres of the lingual nerve are sent to the tongue. On stimulating either the hypoglossus or the lingual nerve, separate action of each variety of the vaso-motor fibres can be produced. Except the lymphatic vessel under observation, M. Lewachen severed all collateral vessels on the side of the tongue on which he was experimenting and ligated the lymphatic vessels. The following results were obtained. Section of the hypoglossus nerve was followed by an increased quantity of lymphatic secretion; stimulating the peripheral extremity resulted in a decrease of the secretion of lymph. Section of the lingual nerve is not constant

in its effect. Stimulating this nerve greatly increased the secretion of lymph: this increase continues after section of the hypoglossus. If electrical stimulation be increased until lymphatic secretion reaches its maximum, section of the hypoglossus is without effect. The lymphatic secretion is more abundant when the lingual nerve is submitted to a maximum of electric stimulation than it is when the hypoglossus nerve is cut. Thus, the action of the vaso-dilators is more powerful: this is owing to the fact that the vaso-dilators have a more powerful action on the circulation of the blood, and also have a direct action on the walls of the vessels, which perhaps tends to modify their permeability.

Division of Cellular Elements in Tumors.

—At a recent meeting of the Academy of Sciences, M. Marey read a note from M. Cornil relating to a new method of segmentation he has recently observed in the epithelial cells of epithelioma. In sections colored by saffronine hæmatoxylin, a large number of nuclei are seen in which the chromatic filament is highly colored and represents the form of a star, with seed-like bodies of chromatic properties. Some of these nuclei are colossal and present a central disk, and the filaments divide later on: it is the beginning of kariokinesis. When the filament of the nucleus is colored, it presents a trilobular aspect: this is the first change attending the phenomenon of division, which results in the formation of three new cells. In the second period a further change takes place, and three nuclear disks are seen in a single nucleus. Finally, complete evolution is achieved, and the cell divides into three new cells.

New Instruments.—At a recent meeting of the Paris Biological Society, M. Malassez, of the College of France, presented a series of instruments consisting of a calorimeter, a glass cylindrical receptacle for spectroscopic examinations, a warm stage, and a heating-plate for warming preparations. M. Malassez drew attention to the advantages of lighting by means of naphtha-carbol, which he considers should be more frequently used in laboratories, on account of the light being white and emitting only a slight amount of heat, yet burning steadily and never flickering.

At the same meeting, M. Boucheron made a statement concerning his investigations on microbe in chalazion. He cultivated and reproduced with them experimental tumors. In weak animals he has sometimes observed superficial or deep lesions of the kidneys.

Papilloma.—At a meeting of the Biological Society, M. Blanchard presented a lizard attacked with a papilloma on the back: the tumor was probably of acarian origin. At the same meeting M. Blanchard described

tænia nana, a parasite seldom met with. Leuckhart and all other writers have made an incorrect statement in declaring that the head is invaginated. Such is not the case, as the head is evaginated; but a few muscular fibres which extend behind the rostrum can during contraction draw it backward, and so form a cavity, but this cavity is not the head of the animal: the head is contained in it. The rostrum itself cannot be inverted; this is impossible, and is a general law equally true of all other worms.

New Observations on the Classification of Alkaloids.—At a recent meeting of the Biological Society, M. Oechsner de Coninck read a paper on oxidized artificial alkaloids. He said that it was still necessary to give the preference to the physical character of alkaloids in order to classify them. With many writers oxidized alkaloids are said to be unalterable, which is an error that should be corrected: there exist volatile oxidized alkaloids. It is probable that alkaloids will be arranged according to the connection they bear to alkaloids of the pyridic and quinoleic series, or, in other words, according as they constitute pyridic or quinoleic hydrates, or oxy-pyridic or oxyquinoleic hydrates, or complex molecules with a hydrogenized dipyridic or diquinoleic centre, or with a mixed pyridic or quinoleic centre also hydrogenized.

P.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA ACADEMY OF SURGERY.

A MEETING of the Philadelphia Academy of Surgery was held November 1, 1886, Vice-President Dr. S. W. Gross in the chair. Dr. C. B. Nancrede read the following report of a

GUNSHOT-WOUND OF THE ABDOMEN.

On July 24 I was sent for to see a boy, brought into the hospital about two o'clock with a pistol-ball wound (twenty-two calibre) of the abdomen. The boy was about 15 years of age. The wound of entrance was two inches above the umbilicus, and one inch to the left of the median line. There was no hemorrhage from the external wound, and the boy complained little of pain. The symptoms of shock were very slight. Three-fourths of an hour after admission he vomited, but the vomited matters were free from blood. Half an hour later he again vomited, bringing up some blood and some coffee-ground particles. Between four and seven o'clock he vomited pure blood several times. In all he vomited about twenty ounces of blood. An ice-bag was applied to the abdomen, and three drops of liquor ferri subsul-

phatis were given by the mouth by the resident physician. Nutritious enemata were given. He continued to spit blood until I saw him, at 10.30 P.M.

I then found no particular abdominal tenderness, and all evidences of shock had passed away. Operation was decided upon. I first introduced a probe into the track of the wound, in order to be sure that the peritoneal cavity had been opened. Finding such to be the case, I made an incision in the median line. I first found what appeared to be a contused wound on the anterior surface of the stomach. Pressure on the stomach, however, caused no escape of liquid or gas, although the viscus was distended. A director was placed in the wound, and after a little manipulation it entered the stomach and blood began to flow. The opening was at once sutured with the ordinary Lembert suture. Examining further, a large ragged wound was found in the anterior wall of the duodenum. An opening was also found in the posterior wall of the stomach. This, while not so large as the wound in the duodenum, was larger than the wound of entrance in the stomach. On the posterior surface of the duodenum another and much larger and more ragged opening was found. These were likewise closed with sutures, and the remainder of the small intestine was examined without finding any more wounds. The ball was not found. The wounds were so thoroughly closed that there was no escape of blood or other matters during the manipulation of the organs. The toilet of the peritoneum was performed with great care, and the external wound was closed, a drainage-tube being inserted in the track of the ball.

The following day I found the boy moving freely in bed, with no complaint of pain. There was not the slightest tension, and no tenderness. The following day the condition continued the same, and the abdomen was actually scaphoid. In the evening, about forty-eight hours after operation, the temperature began to rise, but still there was no tenderness. He became slightly delirious. The temperature steadily rose until it reached 108.4°. Convulsions appeared, and continued to recur. There was, however, no tenderness, no distention of the abdomen, and no discomfort complained of. The patient died at half-past twelve o'clock on July 27. I had charge of the case only during the first thirty-six hours.

I am at a loss to decide what the boy died of. In speaking with a prominent nervous specialist in reference to this case, he could only suggest that the convulsions were reflex, probably due to irritation of the solar plexus, and that the temperature was due to a nervous disturbance. There were none of the rational signs of peritonitis, and I concluded that this was not the cause of death; but, since

a post-mortem examination was refused, this must remain a subject of conjecture.

Dr. C. W. Dulles: In this case the high temperature would raise a suspicion that there was involvement of the heat-centre in the brain. The occurrence of convulsions would also point to disturbance of the brain. A blood-clot swept into the cerebral vessels and causing embolism would account for the symptoms presented. One word with reference to the complete absence of peritonitis in this case. I have seen cases in which almost all the signs of peritonitis were absent, and yet the autopsy has shown peritonitis to be present. It is a well-recognized fact that rise of temperature and frequency of pulse may be absent in peritonitis. I have also seen the abdomen perfectly flaccid. It is, therefore, not perfectly clear that peritonitis was absent in this instance. At the same time, taking the absence of these symptoms with the history of the case, there is reason to believe that there was cerebral lesion.

Dr. S. W. Gross: In the *New York Medical Record* of October 16, Dr. Charles A. Jersey reports a case of pistol-shot wound of the abdomen in which he sewed up four wounds of the intestine and two of the mesentery. The patient died of peritonitis. The wounds in the intestine had healed, but those in the mesentery had sloughed. The fatal result was due apparently to the fact that the mesentery had not been excised before the application of the sutures. An important point to be remembered is that, if the mesentery be damaged, the damaged portion should be excised.

Dr. C. B. Nancrede: In seeking for an explanation of the cause of death in this instance, the embolic theory suggested itself to me. I believe that the high temperature was due to nervous disturbance. I am perfectly aware of the fact that peritonitis may be present without any of the rational signs being found, having met with such cases in my own practice, and in some of these cases the temperature may be almost subnormal. After an injury of this kind, I think, however, if general peritonitis appeared, it would show some symptoms of its presence.

An interesting point in this case was the complete closure of the wound of entrance in the stomach, through which no blood or other matters escaped until it had been opened with a probe. It is probable in such cases, where there is only one clean-cut wound of the stomach, that the ball is passed by the bowel and the patient recovers.*

ROUND-CELLED SARCOMA OF NASAL CAVITY.

Dr. De Forest Willard reported a case and exhibited microscopic specimens of sarcoma of the nose in a woman.

* Since this discussion was held, Dr. Gross has suggested to the author what seems highly probable, that the cause of death was septic mortification, i. e., septicæmia, not due to peritonitis, but to the absorption of ptomaines from decomposing fluids.

The patient (from whose tumor the various sections seen under the microscopes upon the table were taken) was a woman 32 years of age, without discoverable hereditary tendencies. One year before coming under my care she began to complain of a sensation of fullness in the left nostril, which soon increased and became painful. In six months she was unable to breathe through that side, and for the past two months the pain has been steadily increasing, until it is now extreme. The ala and the nasal and superior maxillary boundaries of the nose are beginning to bulge markedly. The left nasal cavity is entirely blocked. No diagnosis of the trouble has heretofore been made, and treatment has been but palliative. Immediate operation recommended, and sarcomatous nature of the growth distinctly stated.

During the four days' delay necessitated by domestic arrangements most intense meningeal pains commenced, indicating pressure from below upon the brain. No time was lost, and on the following day an incision was made from the inner line of the orbit into the nasal orifice, laying the ala over towards the median line. This incision was subsequently extended to the angle of the mouth, and the septum narium divided so as to permit the soft tissues to lie well out of the way. As the growth had invaded the roof of the mouth, the maxilla was cut through a little to the right of the median line, so as to permit the removal of the nasal septum, which, although bounding the growth, was itself implicated. The left section of maxilla was also made with saw between the canine and first bicuspid, and extended back through hard and also soft palate, as the latter was found to be nodulated and infiltrated. Through this opening were removed by forceps the turbinate, vomer, and portions of left maxillary, nasal, ethmoid, and sphenoid, until apparently healthy tissue was reached on all sides. In picking away the ethmoidal cells, it was found that the extreme boundary of the neoplasm had just involved the floor of the skull, and a minute portion of the thin plate, being infiltrated, was brought away, disclosing the dura mater. The hemorrhage during the entire operation did not exceed three ounces, although the removal had been so extensive. The saw and forceps were alone used after the primary incision.

The patient rallied well, and the severe headache was greatly relieved. On the following day it returned; the temperature rose rapidly to 105°, pulse 160. There were slight convulsions, followed by stupor, delirium, and death on the fifth day, from meningitis, which had undoubtedly commenced on the day prior to the operation. No post-mortem was permitted.

The specimens were thoroughly examined by sections and with various stainings by Dr. J. P. Crozier Griffith, who reported that the

growth was a small round-celled sarcoma, which had infiltrated the surrounding parts to so great a degree that it was impossible to decide whether bone or soft tissues had been first involved. Even the bundles of muscular fibres removed from the cheek were almost obliterated by the cellular infiltration, and in many places the small round cells were found in the inter-fascicular spaces. The mucous membrane of the roof of the mouth was unaffected, while the submucous connective tissue in some preparations was crowded with sarcomatous cells. The palatal process of the superior maxilla was greatly thickened and very porous. The bone-substance was largely destroyed and penetrated by irregular-shaped cavities, which contained round cells and many myeloplaxes. None of these latter were found in any other portion of the growth.

Several of the preparations exhibited beautiful specimens of "obliterative endocarditis," in some instances almost occluding the vessel.

CASES ILLUSTRATING THE RESULTS OF ANTISEPTIC SURGERY.

Dr. Thomas G. Morton presented a number of cases from the Pennsylvania Hospital which illustrated results obtained by perfect antiseptics.

Case I. Compound Depressed Fracture of the Skull.—The patient, a man, 19 years of age, was admitted to the hospital October 7, having been struck on the head with a shifting-apparatus while on shipboard. On admission he presented a small laceration in the fronto-parietal region, with a slight depression. No brain-symptoms were present. An incision was made into the scalp in order to determine whether or not there was greater depression than appeared externally. A marked depression was found, and the trephine was applied. The whole thickness of the bone was depressed. The portion removed was equal in size to two quarters of a dollar. A catgut drain was introduced to the bottom of the wound, and an antiseptic dressing applied. On the fifth day the patient was out of bed. He had no untoward symptoms, and on October 23 the first and only dressing was removed. The catgut drain had disappeared, as well as the catgut sutures, with the exception of those portions outside of the skin. At the moment of trephining the temperature was 100°, but it never went above 99° after the operation.

Case II.—A man, aged 20 years, was admitted August 30, with a crush of the foot, for which a Pirogoff amputation was performed. The flap sloughed, requiring re-amputation, which was performed October 2, under full antiseptics. I made a Teale amputation in the upper third of the leg. Drainage was accomplished by half a dozen No. 3 catgut threads. On October 23 the wound was

dressed for the first and last time. The dressings did not present the slightest moisture, and, as in the previous case, the catgut had disappeared.

Case III.—A boy, aged 13 years, came in with a crush of the anterior part of the foot, requiring a Hey amputation. He was admitted October 1, and discharged October 23. There was but one dressing, and the union was complete.

Case IV.—This is an interesting case which I have had under my own care, the only one of the kind I have ever seen. It is a case of rupture of the long head of the biceps. While shovelling dirt out of a ten-foot hole, this man felt something tear in the upper part of the right arm. He at once lost power in the limb. The arm was painful, and a lump the size of a goose-egg appeared above the elbow. On striking it, this lump became hard. The slightest irritation produced a condition of painful muscular spasm, which soon relaxed.

The operation was performed as follows: Two incisions were made, one over the muscle-mass and the other over the median portion of the deltoid. The tendon was found coiled up at the upper portion of the muscle-mass. It was pushed with forceps subcutaneously into the upper wound, and its frayed portion cut off. The tendon was then attached deep in the deltoid by fourteen catgut sutures, and about two dozen were passed through the muscle and tendon. The patient was admitted on the 7th, and the dressing removed on the 23d. There was firm union, and the man can now flex his arm very well.

Case V.—This is a case of entire division of the biceps muscle and the brachial artery by a knife. The artery was tied with catgut at both ends, and the muscle sutured with the same material. The first dressing was removed at the end of two weeks. Where the drain had emerged there was a small opening, which soon closed. The second dressing took place two weeks later, when the wound was found entirely healed.

Dr. J. William White: In reference to the use of catgut drains in trephining cases, I recall a case that I trephined one or two years ago, in which I regretted their use very much. The trouble was probably due to imperfect catgut. In this case there was some oozing of blood, and the catgut became matted together. On account of the oozing, it was found necessary to redress the wound in thirty hours. The catgut was found hardened and incapable of acting as a drain. The drain seemed to be really a source of irritation. The catgut was removed, and the patient made an excellent recovery. In other situations this complication might not be so important, but in the case of trephining it exposes the patient to serious danger.

Dr. C. B. Nancrede: With reference to catgut drains, I can bear out what Dr. White has stated. I wish distinctly not to make

any claim to priority, but simply to state that I believe that I was the first in this city to prepare catgut for use in the thorough Lister operation. I believe that catgut drains are often inefficient. I have employed the method of the originator, Cheyne: taking some twenty strands, doubling them in the middle, and securing it to the bottom of the wound. Three or four strands are then brought out between every two sutures, taking care to keep them close together. In some cases this acts admirably, while in other cases, although the strands are arranged in an exactly similar manner, the catgut has not acted as a drain. The reason for this difference I do not know.

Dr. J. H. Packard: I have noticed that catgut differs much in quality. The best is perfectly smooth; but there is some which is rough and ragged when examined with the microscope. This is weaker than the perfectly smooth, round catgut. It may be that this flocculent matter impairs the efficiency of the small capillary tubes formed by the interstices between the strands.

Dr. J. Ewing Mears: At the St. Mary's Hospital, in wounds of the scalp and of the cranium we use horse-hair for drainage. This serves an excellent purpose. Sometimes we employ horse-hair in tubes, as advised by Cheyne, drawing out one hair at a time.

I have listened to the remarks of Dr. Morton, and examined the cases he has presented, with mingled feelings of gratification and regret. I am gratified that he brings us such beautiful illustrations of methods which have been in use for some time, and shows what can be accomplished by a thorough practice of antiseptic methods. I regret that the surgeons of the Pennsylvania Hospital did not sooner throw the great influence of that venerable institution in favor of the use of antiseptic methods, and thus help those who have been fighting the battle for them for a long time. The results at this institution have been most perfect; but if they had practised antiseptic surgery some years ago their results would have been as perfect as they are to-day.

In 1876 I showed Mr. Lister the result in a case of compound fracture into the elbow-joint. This was treated on the plan advocated by him at that period with the carbolyzed putty and oil. The dressing was removed on the fourteenth day, when the wound was found to be healed and there was perfect motion of the joint. Mr. Lister said that that was one among the few cases of antiseptic surgery that he had seen practised in this country.

Dr. J. William White: I should like to ask a question with regard to the desirability of attempting to cure a case with one dressing. This is, of course, less troublesome to the surgeon and to the patient. I would ask if it is desirable to wait for the appearance of general symptoms before changing the dressing.

At the end of twenty-four hours the oozing has usually ceased. If you do not make it a rule to examine the dressings within the first forty-eight hours, the first indication may be an elevation of temperature or some evidence about the wound that things are not going right. The mischief may then be irremediable.

Dr. William Hunt: There is one class of cases which requires frequent dressing, and that is where there is a compound fracture. There the temperature-chart shows nothing as to the position of the bone. The bones may be in proper position to-day and within twenty-four hours be displaced.

Dr. J. M. Barton: I think that Dr. White's point is well taken. I make it a rule to change the dressing in twenty-four hours. I have the fresh gauze ready, and almost instantly remove the old and apply the fresh. Occasionally I examine the dressing six or seven days later.

Dr. William Hunt: I think that there is too much routine in reference to the use of drainage. All cases do not require it. There are many cases in which I am confident that adhesion would have taken place without the use of drainage.

Dr. Chas. W. Dulles: I agree with Dr. Hunt that there are many cases that do not require drainage, and perhaps the success of catgut for this purpose is because it does not act as a drain. In many cases the amount of discharge which they bring from a wound is very small. The catgut occupies parts that otherwise would be cavities. They fill these parts with a clean material, which may become organized, or be gradually carried away by absorption and be replaced by normal tissue.

I would also refer to the unnecessary fear of blood-clots. They are of no consequence, provided the wound is absolutely clean. I am convinced of the value of aseptic surgery. Many of the minutiae of so-called antiseptic surgery are mere puerilities, and are only useful as they secure cleanliness on the part of the surgeon and his assistants. I have seen many wounds heal under perfectly clean water-dressings and with the dry-dressing of Mr. Gamgee. I think that if these methods could be carried out scientifically the results would be as good as with antiseptic surgery.

Dr. J. William White: I think, in the face of the statistics which we have at this day, that no rational claim can be made which will place on the same basis the results of surgical methods which depend upon cleanliness alone and those which carry out thoroughly and in all their details antiseptic methods.

Dr. S. W. Gross: The greatest triumph of aseptic surgery has been shown within the past few months in a paper read by Mr. Victor Horsley at the recent meeting of the British Medical Association, and published in the

British Medical Journal for October 9. He has made many experiments as to the localization of the functions of the brain. In the paper referred to, Mr. Horsley reports one case in which he removed a tubercular tumor of the brain involving the motor area. In four days the wound had healed. In two cases of epilepsy he removed the cicatricial tissue along with a portion of the brain-substance. In one of these cases the wound was entirely healed at the end of a week, and in the other, three-fourths of the wound was healed on the seventh day. In the last case he removed a tumor from the brain which measured three inches by two, by two and one-half inches, and weighed four and one-fourth ounces. The wound was healed in four days. No better results than these can be shown. Mr. Horsley carries out all the old Listerian details with the spray, gauze, etc.

It is interesting to note that he makes no small incision either in the soft parts or in the skull. The trephine which he uses is two inches in diameter. The incision in the dura mater is one-fourth of an inch inside of the edge of the opening in the bone. This is brought together with stitches. The external wound is closed with sutures, and a small drainage-tube inserted. At the end of twenty-four hours he removes the tube. He says that when the brain-tissue is cut away there is a tendency for the brain-substance to rise into the wound and evert itself. There is a disposition to hernia cerebri. The discharge, which is the result of the irritation produced by the antiseptic, will have stopped at the end of twenty-four hours. At the end of this time he removes the tube, and keeps a certain amount of discharge within the skull in order to give support to the brain and prevent the tendency to protrusion. This is the most remarkable series of cases that I have seen reported.

I think that when Dr. Morton has used the catgut drainage in a larger number of cases, the time will come when he will throw it to one side. It will do for small wounds, because there is nothing to be drained after twenty-four hours. I am in the habit of practising aseptic surgery, and have used catgut as was recommended by Cheyne, and I have used bone tubes, but I have gone back to the rubber tubes, and now use nothing else. I do not care to change my dressings at the end of thirty-six or forty-eight hours. I am guided as to the time to renew the dressing by the temperature-chart. If everything does well, I change the dressings at the end of seven or eight days. After a few days the drainage-tube may be removed, for its track will be lined by granulations which will keep it open sufficiently long to allow the escape of any fluids. Drainage-tubes are often kept in long after the necessity for them has passed away.

Dr. T. G. Morton: High temperature does

not always furnish an indication for renewing the dressing. In a recent case the temperature ran up to 103°, but I did not remove the dressing. A careful examination of the patient revealed a diphtheritic patch on one tonsil. It seems to me that it is better to disturb the dressing as little as possible. I should not remove the dressing unless there was some indication for it or I knew that union had taken place.

Dr. Charles W. Dulles presented

SPECIMENS FROM A CASE OF OÖPHORECTOMY.

These ovaries were removed from a case in which I did Tait's operation ten days ago. There was union by first intention on the sixth day. The operation was unintentionally done within three days of the close of the menstrual flow. Menstruation returned on the fourth day after operation. The day after the operation the temperature went up to 100.6°, but since then it has not been above 100°. The patient was 26 years of age, and the operation was done on account of the mental condition, which I believed to verge on insanity. Both ovaries are in a state of cystic degeneration. The cysts were more distinct at the time of the operation than they are now.

On the motion of Dr. Mears, these ovaries were referred to a committee for examination. The committee consists of Drs. Dulles, Mears, and Simes.

Adjourned.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, OCTOBER 7, 1886.

The President, B. F. BAER, M.D., in the chair.

RUPTURED FALLOPIAN PREGNANCY, LEFT SIDE.

DR. JOSEPH PRICE exhibited the ovary and distended tube, which had burst spontaneously. No foetus was discovered; a very free hemorrhage into the peritoneal cavity had occurred. In the vast majority of cases the rupture is fatal. The cause of death is invariably hemorrhage.

Dr. PRICE also exhibited specimens from a case of

DOUBLE PYOSALPINX WITH CYST OF THE RIGHT BROAD LIGAMENT AND ABSCESS OF THE OVARY OF THE SAME SIDE.

The specimen consisted of both Fallopian tubes and ovaries, and was a good example of pyosalpinx, both tubes being closed at the ends and distended with pus. The right tube was long and very much distended, and with a large abscess of the ovary, and a cyst of the broad ligament as large as a base-ball occupied the whole of the right side of the pelvic cavity, where the entire mass was firmly bound down and gave rise to great suffering.

The diagnosis in this class of cases is

made or it is not made. He is quite sure Mr. Tait, before proceeding to an operation, is fairly certain of his diagnosis, and this generally presents but little difficulty. It is true that he operates early, as soon as he recognizes dangerous trouble. Dr. Price feels certain that delay with us is accountable for the large death-rate. Dr. Mundé says of Mr. Tait, "Now his wonderful dexterity and tactile sense come into play; for with these fingers he at once makes the diagnosis, which he appears to pride himself on not attempting to make with accuracy in those cases demanding removal of the uterine appendages, the so-called 'Tait's operation,' except through the abdominal incision."

While at Birmingham, recently, Dr. Price visited regularly Mr. Tait's large public clinic, and watched carefully his rapid examination. Dr. Price cited one case to illustrate the fact that Mr. Tait made his diagnosis through the vagina. After passing a number of cases, displacements, etc., which he did not think of sufficient importance to ask us to examine, he came to one and kindly asked us to examine and express an opinion. Dr. Price examined, and found the physical characteristics of pus. Mr. Tait's reply was, "Quite right." The patient was at once sent to Spark Hill for operation. One tube was found full of pus, the other partially filled, and the ovaries cystic. This case illustrates that Tait does not guess at conditions and resort to abdominal section for diagnostic purposes. A world of mischief has already come of such statements. Of course there are exceptional cases demanding exploratory incision. Tait says, "Save when the seat of such organic disease as will explain genuine suffering, the uterine appendages ought not to be removed," and that "those who attribute all the pelvic aches and ails of women to the ovaries and tubes, and rush in to remove them, are dangerous people."

Dr. LONGAKER considered the first case one of tubal pregnancy. Recurring attacks of peritonitis should direct attention to the probability of pyosalpinx. The condition should be easily recognized, but it is sometimes overlooked.

Dr. HOWARD A. KELLY remarked that, in view of the increasing number of cases of hæmatosalpinx which we were now meeting, it was of the utmost importance that all those which came under our immediate notice should receive a more rigid examination, and elaborate attention should be directed to the clinical history. He believed positive diagnostic signs would be discovered which will make our interference more a matter of scientific certainty.

Dr. Kelly was not speaking of those cases of a minor degree of tubal apoplexy or hemorrhage symptomatic of a grave dyscrasia, but of those in which, owing either to a closure of an outlet, or to disease of the mucous

membrane of the tubes, or to grave local circulatory disturbance, a mass collected, forming a sausage-like tumor, producing various symptoms, some of which are common to pyosalpinx. There is always great local tenderness, and often there are masses of exudate embedding and obscuring the original tumor, and, in cases of rupture, often a peritonitis as rapidly fatal as in pus cases.

The suspicion that a tubal pregnancy lies at the bottom of the explanation in all these cases is negated by the fact that a majority of the cases are hæmatosalpinx of both tubes.

A very important symptom, which he learned was present in Dr. Price's case, was also prominent in his own case: that is, a stillicidium of bloody, grumous material per uterus and vaginam, which is regarded by the patient as a prolonged menstrual period. This undoubtedly flows from the tube, and is altogether analogous to the free purulent discharge from the tubes of pyosalpinx which he had seen. He intends in the next case of this kind to catheterize the tube and dilate, and endeavor to relieve his case of hæmatosalpinx or pyosalpinx in this way if the discharge exist in sufficient quantity to lead him to suspect a patulous uterine orifice.

Cases of hæmatosalpinx resulting in rupture and death have been reported: one is figured by Winckel.

There are several facts in connection with the life-history of pyosalpinx which he would like to emphasize. In the first place, he had seen no case which was not the product of a gonorrhœal infection; and, while not prepared to deny the possibility of a purulent change in the contents of a hydrosalpinx, for which Bandl contends, these cases, so ably worked up by Dr. Price, and his own observations elsewhere, all point to gonorrhœa.

Again: *these cases, with a history of such acute onset*, constant agonizing pain and constant high temperature, and often typhoid condition, are the advance stages of a florid gonorrhœa, and are found almost exclusively among the unmarried, and result from contact with a similarly active gonorrhœa in the male. They form a picture utterly different from that developing from the exposure of a wife to the discharges of a husband who has been told that a trifling gleet discharge amounts to nothing, or who has long appeared well, only noticing the discharge after occasional debauches or unusual sexual indulgence. *Here the disease assumes the insidious sneaking type*, commencing with little periodical pains scarcely noticed at first, a slight excess of menstrual flow with more pain after, and so on for months, until perhaps an abortion or a pregnancy completed seems to open up channels for a more serious and general infection. He had had typical cases of this in his own practice. It will be often noticeable here that, in view of the much greater suffering experienced after the puerperal period,

the patient will forget what has gone before, and blame her subsequent trouble on the mismanagement of the doctor.

The extreme importance of this whole question, second to none in the whole range of gynecological investigation, suggests to the mind many pertinent inquiries. What parts of the female genital tract are the favorite seats of the disease? In what order are the structures attacked? May it linger long in one part, and then, under some change of condition, attack another part? What is the resisting power of the virus to our various therapeutic agents?

The third question he believed he could answer satisfactorily. In addition to the well-known cases in which the disease lingers indefinitely in the urethral tubules and the vulvo-vaginal glands, *he believed that in many of our cases of pyosalpinx the disease has already lingered for a long time in the uterine mucosa, and has shown itself in the form of a uterine catarrh.* Since formulating this doctrine for himself, it had necessarily carried him back to the treatment of many of his cases by topical intra-uterine remedies, a form of treatment which he had some time since abandoned as irrational.

A patient is now coming to his office from whose pelvis he literally quarried out a large stinking tubo-ovarian pus-sac. The left tube and ovary were unaffected, and he left them. She has a free purulent discharge from the uterus, for which the only rational treatment is active local measures.

It is important to recognize the fact that, apart from a slight irritation of the outlets of the glands at the vulvar orifice, there may be no other signs of gonorrhoeal disease than such discharge as issues from the os uteri. The vagina may be perfectly sound. Braun and Schwartz lay especial emphasis on the fact that the flat epithelium of the vagina has great powers of resistance against the poison, while delicate epithelial structures, particularly the ciliated, are its favorite resting-places.

We will apply our remedies with some success if we bear in mind the fact that the disease does not merely lie on the surface, waiting to be wiped off to effect a cure, nor does it merely penetrate the tubular glands; but it invades the interior of the individual cells and attacks the nuclei. It penetrates not only the strata of connective tissue below, but also blood-vessels and lymph-spaces, and forms thrombi. Relapses, then, even after the most energetic treatment, need not surprise us.

We find here, as in many other points, our forefathers did wiser than they knew: their therapeutic resources reached far beyond their knowledge of etiology. No wonder they used the most powerful acids, and loved to leave a stick of solid nitrate of silver in the uterus to cure this most obstinate catarrh.

When he cannot succeed in catheterizing some of these cases, he knows of no other way in which a perceptible deposit of pus, once formed in a tube, can be removed but by the radical operation. And let there be no delay here. Cases have been lost simply from the secondary consequences of carrying around this bag of pus in the abdomen. Dr. Veit alone lost two cases from brown atrophy of the heart.

Dr. M. PRICE remarked that the good results in his brother's operation were due to free irrigation: from three to five gallons of warm water were used to cleanse the peritoneal cavity, and to stream through it for ten or fifteen minutes.

Dr. BAER made some remarks upon the value of intra-uterine medication. Although high authorities had denounced it as unnecessary and dangerous, he had continued to use it: he has never given it up, as he has always found cases where it was needed. The method has been productive of good results in his hands, and he never expects to give it up. It will not cure pyosalpinx, but it may prevent it. It will be ludicrous to see the ultra-scientific return to intra-uterine medication after the denunciation to which it has been subjected. Dr. Baer preferred the injection of tincture of iodine, carbolic acid, nitric acid, or whatever application may be preferred, say about twenty minims by means of a hard-rubber syringe, to any of the cotton-wrapped or other form of application. No case of inflammation has thus far followed this method of treatment in his hands, and he has less uterine colic than with the applicator,—perhaps because less force is required. No tenaculum or counter-pressure is necessary.

Dr. J. PRICE, in closing the discussion, remarked that in the first case there had been a missed period, and two or three weeks later a flow of blood commenced and was continuous for weeks, with tenderness of the abdomen. By the microscope only can an exact diagnosis be made between hæmatosalpinx and tubal pregnancy, and he had had no opportunity of making an accurate one. Rupture may occur early in tubal pregnancy.

An unhealthy condition of the endometrium is very rare. The abortive treatment of gonorrhoea, as applied to the male urethra, has resulted in orchitis and stricture. The case of pyosalpinx was operated upon four weeks after an abortion.

Dr. DRYSDALE, in view of recent strictures upon intra-uterine medication, would like to mention a case seen by him under Mr. Tait's treatment in 1883. The condition was endometritis, and Mr. Tait etherized the patient, dilated the uterus, and applied the Paquelin thermo-cautery thoroughly to the endometrium.

Dr. B. F. BAER presented the specimen and related the following history of

A CASE OF FIBRO-SARCOMATOUS TUMOR OF THE OVARY.

Mrs. —, aged 36 years, married; two children, youngest fifteen years of age. About July, 1885, she first noticed that the lower portion of her abdomen was increasing in size, especially in the left iliac region, and she was troubled greatly with flatulent dyspepsia. She had suffered for many months before with pain in the left iliac region, and on November 29 she was seized with what she characterized as terrible pains in that region. She was compelled to take to her bed, and her physician said she had pelvic peritonitis. She remained in bed three weeks, when she became able to be up, still suffering considerable pain, however, with diarrhoea and an occasional discharge of blood from the rectum. She now noticed a hardness in the lower left iliac region. This continued to increase in size, while she grew weaker and began to lose flesh. At this time she passed into the hands of another physician, who ordered her back to bed and blistered the surface of the abdomen. She remained in bed four weeks, but the growth failed to diminish in size; on the contrary, it continued to increase. On February 10 she was able to get up, and began to feel stronger, but suffered from excessive tympany, together with nausea, loss of appetite, and great pressure upon the rectum and bladder. She also suffered from severe dyspnoea.

On March 20 she was suddenly seized with cramp-like pains in the region of the tumor. These continued for a few days, with almost entire absence of sleep, and with continuous nausea. The pain gradually subsided, but she was losing flesh and strength. She had another attack of pain, with such dyspnoea as to make her recovery a matter of doubt. Ten days later she first consulted me.

On examination, I found the abdomen greatly distended and tympanitic, except in the left hypogastric region, which was dull on percussion. Palpation revealed an irregular, lobulated mass, apparently having pelvic connections. The uterus occupied the right anterior portion of the pelvis, crowded over by the mass in the left pelvic region. This mass was hard and firm and nodulated, extended into the hypogastric region, and was apparently closely connected with the uterus, as well as with the other organs of the pelvis.

The previous history of the case, together with the physical signs now present, led me to suspect the presence of pus, possibly suppuration in a thick-walled ovarian cyst. The uterus measured two and a half inches in depth. Its connection with the tumor did not seem more than ligamentous, and the apparent rapid development weighed against fibroid tumor of that organ.

The indications were plain. The patient entered my private hospital April 29. Ether

was administered, and an exploratory incision was made. This revealed a nodulated mass having the color and appearance of a thick-walled ovarian cyst; but it seemed to be solid throughout, and was firmly fixed in the pelvis. Its size could not be reduced, and the incision was increased to six inches, and the tumor separated from its adhesions and lifted from its nest. I was much gratified to find that it had a very small pedicle, which was tied, and the tumor was removed.

The patient bore the operation badly, and it was thought that she would succumb on the table. It was hours before the pulse could be felt at the wrist; but she rallied, and the next morning she seemed to be doing quite well. A free discharge of bloody serum had taken place through the drainage-tube. After alternate sinkings and rallyings, she died on the evening of the second day, from shock, from which she had not entirely recovered since the operation. There was not the slightest evidence of inflammatory action. The discharge from the drainage-tube had ceased, and the wound was healing nicely.

This case is interesting on account of the character of the tumor. "A true fibrous tumor of the ovary is a thing of very rare occurrence," says Wells; and he goes on to say, "It will be found that many cases reported as ovarian fibroids are in reality tumors beginning in the uterus, which overgrow and involve the ovary so as to disguise its natural appearance or conceal it altogether." Doran says, "I have never found a solid ovarian tumor to be formed of pure fibrous tissue, and strongly suspect that fibroids of the ovary are identical pathologically with fibroids of the uterus. All the solid tumors that I have seen removed at operations have proved to be sarcomatous or cancerous."

Dr. Formad, who kindly examined this specimen, sent the following report: "The solid tumor of the ovary proved, upon microscopical examination, to be a fibroma with decided sarcomatous change,—a fibro-sarcoma." A peculiarity of this tumor was its nodular character.

Dr. KELLY remarked that true fibroid of the ovary was very rare, and the specimen here presented was not, in his opinion, fibroid, but sarcoma. The only fibroid he had seen was one which he examined last spring. That tumor was about one centimetre in diameter, and, although attached to the ovary, lay in the grasp of an adherent fimbriated extremity, which cast some doubt upon the origin of the small growth. The so-called fibroid appears to be in every way analogous to the "fibroids" of the uterus and broad ligaments, and a useful diagnostic characteristic is the appearance of bundles of "sympathetically" enlarged fibres running from the hilum into the broad ligament.

(To be continued.)

NEW YORK ACADEMY OF MEDICINE.

A STATED meeting was held November 4, 1886, the President, A. JACOBI, M.D., in the chair.

THE MOVEMENTS OF THE HEART AND INTES-TINES ILLUSTRATED BY PHOTOGRAPHY.

Dr. WILLIAM GILMAN THOMPSON read a paper illustrated by instantaneous photographs of the normal pulsating heart, taken in full diastole and systole and the various intervals between, and compared them with others showing the modifications in the form of the heart produced by thermic, chemical, and mechanical irritation. By a special form of apparatus he had been enabled to take six different views of the heart in motion within one second. This was something which in this country had never been accomplished before. The animal experimented upon was anesthetized, the heart exposed, and a collar of white celluloid placed behind it, thus giving a white background. He had photographed the heart of the kitten, frog, pigeon, lizard, calf, rabbit, and other animals. The shape of the heart in these different animals differs considerably; but in general the longitudinal diameter exceeds the transverse by one-fourth during diastole. The movements and alterations in the form of the heart were determined largely by the thick-walled left ventricle. If the chest and pericardium were opened and artificial respiration kept up, the movements of the heart would be found greatly exaggerated; if artificial respiration were not kept up, the movements of the heart might be diminished. It was, therefore, too uncertain to enable him to draw conclusions under such circumstances as to what were the relations of the heart during motion to the other organs in the human subject. Much might be learned, however, with regard to the changes in form of the heart and the force of its pulsation.

Among the more important later observations which the author had made were the following. *First*, in most animals, the base of the heart descended very little, if at all, during systole. A prominent exception to this rule was seen in the frog. This movement was generally ascribed to elongation of the large arteries from increased tension during ventricular systole. *Secondly*, regarding changes in the diameters of the heart during systole there was much dispute among physiologists. In most animals there was slight shortening in the long diameter during systole; in the pigeon, however, there was slight lengthening. The transverse diameter was shortened usually twice as much as the longitudinal diameter in ventricular systole. The antero-posterior diameter was uniformly elongated by about one-eighth. *Thirdly*, the apex, when the pericardium was removed, was uniformly tilted forward, upward, and to

the right, and the rotatory movement of the heart from left to right on its long axis occurred in excised hearts, as it did also in the heart *in situ*, but less extensively. The right ventricle lay so much higher and was so much thinner walled than the left that it had much less influence on the shape and movement of the heart than the left, especially near the apex.

It was a question in text-books whether the apex-beat of the heart was due to the thrust of the apex against the chest-wall or to the hardened anterior wall of the left ventricle, which in systole pressed against the chest. When the chest was opened, the apex was free to move through a much greater distance; and it was therefore unfair to conclude that, in the natural position, the apex-beat might not be due, at least in part, to the hardened anterior wall of the heart pressing against the chest; but the stroke of the apex also influenced this beat in animals.

The apex and whole contour of the heart were greatly modified by the influence of drugs. Those drugs which increased the force of systole rendered the apex of the heart sharper. Drugs which lengthened diastole rendered the apex blunter. If in the latter case an antagonistic drug was given, the apex would still remain rounder than normal. Uninfluenced by drugs, the surface of the heart during its movements was smooth; but it became more or less irregular under the influence of drugs. When the heart was slowly deprived of blood, the thick-walled left ventricle retained its shape pretty well; but, if held up, the right ventricle pouched downward. If the heart were now to be plunged into a liquid, it would fill itself by suction and assume a rounded form. The right ventricle continued to act feebly after the left had ceased its attempts, thus showing the apparently greater vitality of the right ventricle.

The auricles in systole were uniformly contracted, but to a small extent as compared with their own volume or the contraction of the ventricles. The independence of contraction between the auricles and the ventricles was shown by the photographs: the auricular systole overlapped the ventricular in point of time.

The extent of movement of the heart as a whole bore no definite relation to its size. It depended entirely upon the suddenness and force of systole, or the amount of work done by the heart.

In the photographs during systole the coronary arteries were seen to be prominent and distended. It had been questioned whether they were filled during systole or closed during systole by the cusps of the valves. If the latter were the case, these arteries must be filled during diastole by the elastic recoil of the aorta. The coronary arteries had been cut open during systole and found to spurt at that time; but it was shown in the photo-

graphs that their blood was dammed back during systole by the strongly-contracted ventricle, and, being thus put upon extra tension, it was only natural that the blood should spurt when their walls were cut. The author thought the illustrations proved that the coronary arteries received some blood-supply during diastole, and perhaps also during systole.

When the longitudinal and spiral fibres were destroyed by section, the circular fibres were made to contract, and almost entirely occluded the ventricular lumen in some cases. The contraction of the circular fibres was uniform and symmetrical. The papillary muscles were seen to stand out towards the centre of the ventricular cavities, and thus the photographs demonstrated that they had independent contractile power.

Of the various cardiac stimulants which he had tried, heat directly applied had the greatest influence, and apparently more upon the superficial muscles. Glenoin appeared to be the most active of the chemicals. Chloral seemed to be powerful in causing marked diastole, and the surface of the heart under its influence became irregular.

Dr. Thompson had also been successful in photographing the intestines, bladder, and diaphragm in motion. He showed photographs of the intestine which demonstrated peristaltic action towards both the pylorus and the anus; also the pendulum motion, and a circular contraction, which, when caused by pinching the intestine, produced considerable constriction. As to the peristaltic wave travelling in opposite directions, he thought it could only do good if the reverse motion were less in degree than the forward, as it would bring the ingesta more intimately in contact with the surface of the intestine and hasten their absorption.

Discussion was opened by Dr. A. H. Smith, and the President also made some remarks on the paper. The President was pleased to see American physicians thus ably competing in original investigations with the Europeans.

TWO OPERATIONS FOR INTESTINAL OBSTRUCTION.

Dr. W. GILL WYLIE reported the cases, and said that out of sixty-seven laparotomies which he had performed since January, 1885, he had selected six to report which were not strictly gynæcological cases. The first was one of laparotomy for complete intestinal obstruction. The patient was aged 50; menstruation had ceased four years. She had always been delicate. Eleven years ago a fibroid tumor was discovered in the pelvis. A physician introduced the uterine sound, which was followed by a violent attack of peritonitis. The patient remained in bed most of the time for a year. Since then she had had trouble in procuring movements of the bowels. Previous to the 6th of last October she had had more or less constant ab-

dominal distention, with colic. During that night she began to suffer from intestinal obstruction in a more marked degree, having violent colic and vomiting. After these symptoms had continued for four days, during which time they were unable to produce a movement of the bowels, Dr. Wylie opened the abdomen. After breaking up some peritoneal cysts, the intestines were taken out of the abdomen, when a band of lymph, occluding the intestine at one point, was discovered and divided. The gut immediately surrounding was discolored, but not gangrenous. There was a fibroid involving the uterus and broad ligaments, which it was thought best to allow to remain. The patient made a good recovery, and had had less trouble with her bowels since the operation than she had had for some time before.

Dr. Wylie also related a case of perityphlitis, in which he had opened the abdomen and introduced a drainage-tube; one of tubercular peritonitis, in which he had practised permanent drainage; and made brief mention of the other three out of the six cases. He thought it happened not infrequently after laparotomy that a certain amount of peritonitis developed, leading to the formation of bands of lymph which to a greater or less degree obstructed the movements of the bowels; and he thought that if tympanitis and other symptoms pointed to the probability of the development of such bands after laparotomy, it would be better to cause a gentle movement of the bowels at an early date, sometimes as early as twenty-four hours after the operation, before such bands may have become firm in structure. He also thought that tapping abdominal tumors often led to the formation of such bands; and, as the procedure was calculated to give only temporary relief, he advised that the patient be sent to a competent gynæcologist for exploratory laparotomy, and, if found practicable, for operation for radical cure.

NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held October 27, 1886, the President, JOHN A. WYETH, M.D., in the chair.

TRANSPPOSITION OF THE ABDOMINAL ORGANS—OBSTRUCTION OF THE GALL-DUCT.

Dr. MITCHELL PRUDDEN presented a part of the abdominal viscera and illustrated on the board a case of transposition of the abdominal viscera, especially with regard to the situation of the large intestine; a stone also obstructed the gall-duct. The patient was a middle-aged laborer, who had had a mild attack of gastritis, with anorexia, occasional nausea, and some diarrhoea. He lost flesh and strength, and when admitted to the hospital the liver was found enlarged and smooth,

extending over to the left side. There was nothing abnormal on palpation of the abdomen. There were râles at the apex of the right lung. The patient remained in much the same condition for a month, when, on September 5, without apparent cause, he had a slight chill and a rise of temperature to 103° . It then fell, but again rose to 106° ; again fell to normal; but, two days later, again rose and fell; and then remained normal until October 12, when it rose and remained between 103° and 105° until just before death, when it fell, to rise again at death. The patient gradually failed: there were numerous crepitant râles over the lungs. He died October 20. A few days before death a hypodermic needle was introduced over the region where the gall-bladder should be, and a liquid containing a large number of bacteria was withdrawn. Subsequent insertion of the needle failed to withdraw anything but a few drops of blood.

The autopsy revealed the heart normal; the lung showed emphysema, chronic bronchitis, with interstitial pneumonia and oedema of the upper and lower lobes; the omentum was absent; the liver was drawn behind the free border of the ribs, was enlarged, the left lobe nearly as large as the right, in a condition of cirrhosis and moderate fatty degeneration. Among the transposed abdominal viscera, the organ to which he called especial attention was the large intestine. The cæcum was high up on the right side, and, after ascending to the free border of the ribs, the gut turned and passed directly to the left side; thence downward into the pelvis; then made a sharp turn and passed upward to near the umbilicus, and down again to form the rectum. The spleen was long and composed of three lobes, besides a number of supernumerary spleens, small in size. The position of the large intestine showed plainly that the hypodermic needle had entered what corresponded to the ascending portion of the colon.

Dr. ROOSEVELT said the patient had been under his care, and, gall-stone being suspected, especial pains were taken to elicit a history of gall-stones, but failed; yet at the autopsy the gall-duct was found occluded by a stone.

LESIONS INDUCED BY CORROSIVE SUBLIMATE.

Dr. ROOSEVELT presented the kidneys and large intestine of a negress, aged 19, who had died from the effects of swallowing twenty-five grains of corrosive sublimate in solution. Just after taking the poison she vomited a portion of it, and immediately began to experience severe pain in the throat and abdomen. After one and a half hours, severe purging began. It was probably five hours after taking the poison before the patient was brought to the hospital, when she passed some urine containing twenty per cent. of

albumen and an abundance of casts, epithelium, pus, and blood. She stated that her feet and hands had swollen occasionally during the past year. Two days after admission it was recorded that she was suffering from constant purging, and that she had passed only an ounce and a half of urine since admission. The purging continued, also pain in the abdomen and vomiting, and on the 12th of May, six days after taking the poison, the patient died in collapse. The temperature had remained normal or subnormal save on one day, when it rose to 100° , and the night before death to above 102° . During her illness the kidneys had secreted only two ounces and five drachms of urine, containing the elements before mentioned. The kidneys at post-mortem were found to have undergone a degree of inflammation entirely destructive of their secretory function. The epithelium lining the uriniferous tubules was in various stages of degeneration and showed a great variety of form. A false or diphtheritic membrane covered the lining membrane of the intestine, much more marked in the large intestine. The mucous membrane of the stomach was reddened, swollen, and coated with mucus. A point of interest in the case was the almost complete suppression of urine unattended by any uræmic symptoms.

Dr. JOHN C. PETERS remarked that some years ago it was common, especially at the New York Hospital, to give large doses of corrosive sublimate in cases of Bright's disease, and the effect was marked: the patient passed a large amount of urine, and his symptoms were greatly relieved, although the chronic condition of the kidneys was not cured.

INTRA-CANALICULAR FIBROMA OF THE MAMMA.

Dr. SCHIFF presented a specimen under the microscope, being a portion of an intra-canalicular fibroid of the mamma, a little larger than a walnut in size.

Dr. Schiff also presented a hæmorrhoidal tumor first treated by injection with a solution of carbolic acid and afterwards extirpated.

Dr. PRUDDEN remarked, regarding the first specimen, that it was an excellent illustration of intra-canalicular fibroma of the mamma. Such specimens were rare, and when undergoing ulcerative change were liable to be mistaken for malignant growths.

Dr. WALDSTEIN said it had been shown that intra-canalicular fibromas of the mamma sometimes did become carcinomatous.

BRONCHO-PNEUMONIA WITH UNUSUALLY HIGH TEMPERATURE.

Dr. L. EMMET HOLT presented the lungs and kidneys of a child which died at the age of 11 months. The child had always been healthy until sixteen days before death, when

PRICE REDUCED 25c. PER 100 IN ASSORTED QUANTITIES.

A New, Important Class of Remedies.

PARVULES.

(QUICKLY SOLUBLE SMALL PILLS.)

You are Cautioned against Imitations and Substitutions Offered Under Other Names.

This is a new class of medicines (minic pills), designed for administration of remedies in small doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses given at short intervals exert a more salutary effect. THE SURENESS AND EFFICIENCY OF PARVULES, AND THE AVOIDANCE OF CUMULATIVE EFFECT, DEPEND ON OUR MODE OF PREPARATION.

THE DOSE of any of the Parvules will vary from one to four, according to age or the frequency of their administration. For instance, one Parvule every hour, or two every two hours, or three every three hours, and so on, for adults. For children, one three times a day is the minimum dose.

Pocket Cases, with any 10 selections, for the use of Practitioners, \$1.00 per.

Pocket Cases, with any 10 selections, for the use of Practitioners, \$1.00 per.

All kinds, 25 cents per 100; \$1.00 per bottle of 500.

Buggy- or Hand-Cases, with 40 varieties, \$10.00.

SUPPLIED BY ALL DRUGGISTS, OR SENT BY MAIL ON RECEIPT OF PRICE.

Acidi Arsenicali 1-100 gr.	Cathartic Comp. Official 1-3 gr.
Med. properties—Alterative, Antiperiodic.	Med. prop.—Cathartic.
Acidi Salicylici 1-10 gr.	Cathartic Comp. Improved 1-3 gr.
Med. prop.—Antirheumatic.	Med. prop.—Cathartic.
Acidi Tannici 1-20 gr.	Digitalis Fol. 1-20 gr.
Med. prop.—Antidiarrhetic.	Med. prop.—Sedative, Narcotic, Diuretic.
Aconiti Rad. 1-20 gr.	Dever's Powder 1-3 gr.
Med. prop.—Narcotic, Sedative.	Med. prop.—Anodyne, Diuretic.
Aloin 1-10 gr.	Negundo 1-10 gr.
Med. prop.—A most desirable Cathartic.	Med. prop.—Purgative, Purgative.
The most useful application of these Parvules is in periodic irregularities—Dysmenorrhoea and Amenorrhoea. They should be given in doses of one or two every evening at and about the expected time.	
Dose.—Four to six at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample cathartic effect, unattended with nausea, and in all respects furnishing the most desirable aperient and cathartic preparation in use. For habitual constipation, they replace, when taken in single Parvules, the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.	
Antimonii et Potass. Tart. 1-100 gr.	Ferr. Rodon. 1-10 gr.
Med. prop.—Expectorant, Alterative.	Med. prop.—Tonic.
Arsenical Iodidi 1-100 gr.	Galemini Rad. 1-20 gr.
Med. prop.—Alterative.	Med. prop.—Nervine and Astringent.
Belladonna Fol. 1-20 gr.	Hydarg. N-Clor. 1-100 gr.
Med. prop.—Narcotic, Diaphoretic, Diuretic.	Med. prop.—Narcotic, Alterative.
Calomel 1-20 gr.	Hydarg. Iodid. 1-20 gr.
Med. prop.—Alterative, Purgative.	Med. prop.—Alterative.
Dose.—One to two every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious evacuations and beneficial effects that twenty grains of Elix. Mass. or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.	
Camphora 1-20 gr.	Hydrastis 1-20 gr.
Med. prop.—Diaphoretic, Carminative.	Med. prop.—Tonic, Anodyne.
Cantharidis 1-50 gr.	Iodoformi 1-10 gr.
Med. prop.—Diuretic, Stimulant.	Med. prop.—Alterative.
Capsici 1-20 gr.	Morphina Sulph. 1-50 gr.
Med. prop.—Stimulant and Carminative.	Med. prop.—Narcotic, Sedative.
	Nuxi Ventosi 1-50 gr.
	Med. prop.—Tonic, Stimulant.
	Phosphorus 1-200 gr.
	Med. prop.—Nerve Stimulant.
	Podophyllini 1-40 gr.
	Med. prop.—Cathartic, Cathartic.
	Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add them to the first, and invigorate the digestive functions.
	Potass. Arsenitis 1-100 gr.
	Med. prop.—Alterative.
	Quinina Sulphatis 1-10 gr.
	Med. prop.—Tonic, Antiperiodic.
	Strychnian 1-100 gr.
	Med. prop.—Nerve Stimulant, Tonic.

JOHANN HOFF'S MALT EXTRACT.

THE ONLY

GENUINE

IMPORTED BY

EISNER & MENDELSON,

318 and 320 Race Street,

PHILADELPHIA.

FAC-SIMILE OF BOTTLE.

OFFICE OF W. W. LAMB, M.D.,
1249 HANOVER STREET.

PHILADELPHIA, December 6, 1884.

MESSRS. EISNER & MENDELSON,
SOLE AGENTS OF JOHANN HOFF'S
MALT EXTRACT, U. S. OF A.,
320 RACE STREET, PHILADELPHIA:

Dear Sirs,—I have used Johann Hoff's Malt Extract for the past five years in my private practice, and have found it to be the best health-restoring beverage and tonic nutritive known. I have found it especially good in persons convalescing from fever, in cases of dyspepsia, for mothers nursing, and in cases of weakly children, and also in lung troubles. My attention was drawn by the immense importation semi-monthly, and about a million of bottles imported by you have passed my inspection in the Custom-House satisfactorily for the past five years.

Yours respectfully,

W. W. LAMB, M.D.,

Chief Drug Inspector U. S., Port of
Philadelphia.

*None genuine without the
signature of Johann Hoff
and Moritz Elmer on the
neck of each bottle.*

it was taken with symptoms pointing strongly to broncho-pneumonia. An interesting feature in the case was an elevation of the temperature at once to 105° , and a continued high temperature nearly throughout the disease, on two days reaching 106° , and on one occasion reaching 107° . Antipyrine had failed to keep the temperature down for any length of time, but a lukewarm bath would bring it down from two to four degrees; but after from three to five hours it would rise again. Suspecting some malarial complication, quinine was given, but without any effect. The autopsy revealed the usual lesions of broncho-pneumonia, and in addition some abscesses of the size of a pea in the apex of the right lung. There was parenchymatous nephritis, a moderate amount of entero-colitis, and a small amount of meningitis. No tubercles could be found.

Dr. J. LEWIS SMITH remarked that the nephritis would produce the elevation of temperature.

Dr. HOLT regarded the nephritis as secondary, and not as the primary lesion.

Dr. SMITH said he was reluctant to use antipyrine to reduce the temperature in the diseases of infancy. He would prefer salicylate of sodium.

Dr. HOLT said he had not seen any bad effects from the use of antipyrine in children, although he had used it extensively; but it had not been his custom to give it in pneumonia.

CONGENITAL ABSENCE OF THE RIGHT LUNG—MALFORMED HEART.

Dr. J. LEWIS SMITH presented the heart and lung of a negro baby which died at the age of about two months. When about ten days old, the mother brought the child to his office and said that it had always gasped for breath. Dr. Smith found the respirations 70 to the minute, the pulse feeble and frequent. The temperature was not markedly elevated. Over the right side of the chest was complete dulness, which he supposed to be due to pleurisy with effusion; but on applying the ear over the area of dulness he could distinctly hear the respiratory sound, although a little feebler perhaps than on the left side. Bronchial respiration was not observed on the right side. The hypodermic needle withdrew only a few drops of blood from the right side. He sent the child to an experienced surgeon, who failed to withdraw any fluid from the right pleural cavity, and who came to the conclusion that there was probably pneumonic consolidation to account for the dulness on that side. A little less than two months afterwards Dr. Smith was sent for, and found the same physical signs; but the child had grown, and this fact, with the absence of elevation of temperature, led to a doubt as to the diagnosis of pleurisy. A day or two later he was notified that the child had died suddenly.

An autopsy was obtained, and a partial report on the specimen had been handed him by Dr. McNamara. The specimen consisted of the left lung, heart, and great vessels. Careful examination revealed at the point where the aorta arose a thin fragment of lung-tissue which had never been dilated. This was the rudimentary right lung. The trachea branched into the right and left bronchi, the right becoming lost about a quarter of an inch from the bifurcation. The heart revealed a large left ventricle with three openings,—one into the aorta, one into the auricle, and the third through the septum which communicated with the right pulmonary artery. There were but one auricle and one ventricle. The specimen was referred to the Committee on Microscopy.

STENOSIS OF THE MITRAL VALVE, ETC.

Dr. FRANK FERGUSON presented a heart which illustrated hypertrophy with dilatation of the cavities, together with mitral stenosis; the tricuspid opening was about the size the mitral should be in health. All the viscera were congested. The liver presented the appearance of the so-called "nutmeg liver." The patient had suffered from dyspnoea. There had been pulsation in the veins of the right side of the neck, râles over the lungs, slight general jaundice, etc.

REVIEWS AND BOOK NOTICES.

THE CURABILITY AND TREATMENT OF PULMONARY PHTHISIS. By S. JACCoud, Professor of Medical Pathology to the Faculty of Paris, etc. Translated and edited by MONTAGU LUBBOCK, M.D. (London and Paris), etc. New York, D. Appleton & Co., 1885. Cloth, 8vo, pp. 407.

The new ideas which have lately been accepted of the etiology of phthisis pulmonalis, and the accumulated experience of the profession as to the value of climatic stations in its treatment, have warranted the statement that this disease may be not only ameliorated by treatment, but actually cured. This work by Professor Jaccoud is timely, and contributes considerable from his personal experience to the elucidation of the subject. The curability of pulmonary consumption is first taken up, and is followed by a consideration of the conditions of curability and prophylactic treatment, and the work concludes with the therapeutic method, and especially the climatic treatment. In the latter part of the work the results of Professor Jaccoud's personal observation and studies with regard to health-resorts in Europe are communicated, with judicious recommendations with regard to the selection of a place of abode by consumptives.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. LEWIS SMITH, M.D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Philadelphia, Lea Brothers & Co., 1886. Octavo, 867 pages, 40 illustrations. Cloth, \$4.50; leather, \$5.50.

The sixth edition of Lewis Smith's valuable treatise on diseases of children comes to hand thoroughly revised and with some additions. The usual diseases of infancy and childhood are discussed, and their therapeutics rationally considered; this being preceded by nine chapters in which various physiological and hygienic topics of great importance in this connection are reviewed. Maternal impressions, the causes of infant mortality, the proper physical conditions for lactation, artificial feeding, selection of a wet-nurse, bathing, clothing, and exercise, each are considered and practical suggestions given in relation thereto. We look upon this as the standard American work on diseases of children, and its clearness and directness of language make it specially valuable for students' use.

THE TEN LAWS OF HEALTH; OR, HOW DISEASES ARE PRODUCED AND PREVENTED: AND FAMILY GUIDE TO PROTECTION AGAINST EPIDEMIC DISEASES AND OTHER DANGEROUS INFECTIONS. By J. R. BLACK, M.D. Philadelphia, J. B. Lippincott Company, 1885.

A compendious treatise upon personal hygiene in popular form is presented in this readable work, which should have been noticed earlier in these pages. The first part is taken up with the discussion of ten so-called "laws of health," in which the most prominent causes of morbid conditions are reviewed. The second part considers the germ-theory of disease, and makes very practical and valuable suggestions with regard to disinfection and general management of the ordinary zymotic diseases. We feel confident that much good can be done by the circulation of such works among the laity.

THE DISORDERS OF MENSTRUATION: A PRACTICAL TREATISE. By JOHN N. UPSHUR, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia, Richmond, Virginia. New York and London, G. P. Putnam's Sons, 1886. 12mo, pp. 200.

This little work is apparently a plea for the intelligent and conscientious management, as opposed to the routine treatment, of a series of disorders to which a large portion of the sufferings of women are directly or indirectly attributable. It is written in clear style, and, if widely read, might result in an improvement in practice, in some directions at least, that could not fail to redound to the credit of the profession.

ARCHIVES OF OPHTHALMOLOGY. Volume XV. Nos. 2 and 3. G. P. Putnam's Sons, New York.

These numbers, issued separately, are at hand, and fully sustain the reputation of the *Archives*. We note an improvement over previous numbers in that the articles are short and comprehensive, and free from the prolixity which often has marked the translated articles. The usual Report on the Progress of Ophthalmology is appended to each number. A brief summary of the more important articles will appear in our next Report on Ophthalmology.

VENEREAL MEMORANDA. A Manual for Student and Practitioner. By P. A. MORROW, M.D., etc. New York, William Wood & Co., 1886.

Gonorrhœa, chancroid, and syphilis are considered in a series of aphorisms, and due consideration given to prophylaxis and treatment of venereal diseases. A valuable collection.

NEW REMEDIES AND CLINICAL NOTES.

POST-FEBRILE NEURITIS.—One of the most important advances made during the past year in neurology is the recognition of the great frequency of neuritis. It is now known that many forms of paralysis and disorders of sensation commonly attributed to cerebral and spinal changes are really due to inflammation of the peripheral nerves. It is only within a very recent period that alcoholic neuritis has been determined to be a distinct disease. Still later, we have proof that many cases of paralysis following the infectious fevers are really due to a peripheral neuritis. Of all the acute febrile diseases, diphtheria is the most frequently followed by these changes. So profound are they in the peripheral nerves after this disease at times that recovery is hopeless. The vast majority of cases, however, recover completely.

The paralysis which is occasionally seen following typhoid fever has been almost universally attributed to a subacute poliomyelitis, but from the recent researches of Pirès and Vaillard it is plain that it is more frequently due to a peripheral neuritis. In several cases they found marked degenerative changes in the ulnar, musculo-spiral, peritoneal, saphena, and other nerves. These changes closely resemble those found in the nerves in cases of fatal diphtheritic paralysis. Not only is peripheral neuritis a frequent effect of the acute infectious diseases, but it is also seen in those of the chronic infectious class. The same observers have found degenerative changes during the course of chronic tuberculosis in the peripheral nerves.—*Canada Med. and Surg. Journal.*

A SOLVENT FOR SORDES.—Dr. A. D. MacGregor speaks highly of boric acid as a topical application in the unhealthy condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever. He says, in the *British Medical Journal*, "The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, crusted with a fetid fur. Under these circumstances a pigment containing boric acid (thirty grains), chlorate of potassium (twenty grains), lemon-juice (five fluidrachms), and glycerin (three fluidrachms) yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily becomes detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glycerin and lemon-juice moisten the parts and aid the salivary secretion."

THE RELATION BETWEEN GASTRIC ULCER AND ANÆMIA.—Circular ulcers of the stomach, according to Silbermann, of Breslau, are favored in their development by that kind of anæmia in which there is deficiency of the hæmoglobin. All the theories for the production of gastric ulcer are satisfied in this condition,—viz., arterial anæmia (Klebs), venous hyperæmia of the gastric mucosa (Key), venous stasis in the hepatic vessels (Gunsberg), circumscribed hemorrhages (Virchow), and, finally, diminished alkalinity of the blood.—*Lancet*.

MISCELLANY.

THE PROGRESS OF CREMATION.—The crematory near New York has during its short career had more cremations than any other institution of the kind in the country, but its business does not now attract the attention it did at first. The novelty of the thing has worn off, and very likely the desire of people to be burned instead of buried has somewhat lessened.

In Italy, where the method has been most earnestly advocated, it has not made very great progress.

The city of Milan has been the headquarters for the advocates of cremation, but even here the furnaces are not often lighted, though the death-rate continues as usual.

In Rome it has had no acceptance at all, and the Pope has recently issued some decrees which make it very evident that the Papacy will fight bitterly what it calls a pagan custom. All faithful Catholics are forbidden to affiliate with any cremation society, and no one is to be permitted to order or facilitate cremation, even when the testator should

have directed this kind of sepulture for himself and when his executors and next of kin are desirous of carrying out his wishes.

APPOINTMENT OF A COMMISSION ON THE MODE OF CAPITAL PUNISHMENT.—The New York Legislature, at its recent session, passed a law of considerable general interest. It provided for a commission to investigate and report to the Legislature, on or before the fourth Tuesday of January, 1887, "the most practical and humane method known to modern science of carrying into effect the sentence of death in capital cases." The following persons were appointed commissioners: Elbridge P. Gerry, of New York City; Dr. A. P. Southwick, of Buffalo; and Matthew Hale, Esq., of Albany. This law is the outcome of a determined effort on the part of many citizens to have a competent commission investigate and see if a better method of inflicting the death-penalty than hanging could be devised. There is no public sentiment in New York averse to the infliction of death as a punishment for murder, but hanging is repulsive for many reasons. The Medico-Legal Society has discussed the subject, and many methods have been proposed in place of the scaffold and noose. The report of the commission will be awaited with considerable interest.

THE MEDICAL EDUCATION OF WOMEN IN EDINBURGH.—After an interval of more than twelve years, women are now admitted to medical education in Edinburgh: six women have entered upon the first year's course of studies.

DUHRING'S "Treatise on Diseases of the Skin" has just been published in the Russian language. This is an additional compliment to a Philadelphia author, whose work has already appeared in two editions in English and has been translated into French and Italian.

NOTES AND QUERIES.

OBITUARY.

DR. JOSEPH GIBBONS RICHARDSON, Professor of Hygiene in the Medical Department of the University of Pennsylvania, and member of the Board of Health of this city, died of apoplexy on the 21st instant, in the fifty-first year of his age. A native of Philadelphia, and a member of the Society of Friends, he pursued his studies at the University of Pennsylvania, from which he received his medical degree in 1862. Subsequently he was resident physician in the Pennsylvania Hospital and the Wills Hospital, and resided for five years at Union Springs, Cayuga County, New York, returning to Philadelphia as his place of permanent abode in 1868. He was the author of a work on Medical Microscopy, and a frequent contributor to medical journals. He was Secretary of the Biological and Microscopical Section of the Academy of the Natural Sciences, a Fellow of the College of Physicians, a member of the Philadelphia County Medical Society and of the American Medical Association, and a corresponding member of the Société Française d'Hygiène. For several years he was microscopist to the Pennsylvania Hospital and Visiting Physician to the Presbyterian Hospital of this city.

PROFESSOR PAUL BERT, formerly Minister of Public Instruction under the Gambetta administration, and of late the

resident Minister of France at Hué, Anam, died at his post of duty on November 11, a victim of the climate. He was born October 19, 1833, at Auxerre, France, pursued his studies in Paris, and in 1868 was elected Professor of Physiology in the Faculty of Science of Paris. In 1875 he received the biennial prize of the Institute for physiological research. He was elected a member of the National Assembly in 1872, and subsequently became prominent by his labors to advance popular education.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM NOVEMBER 7, 1886, TO NOVEMBER 20, 1886.

MAJOR J. P. WRIGHT, SURGEON.—From Department of Texas to Department of Missouri, for duty as attending surgeon at Leavenworth Military Prison, Fort Leavenworth, Kansas.

MAJOR W. H. FORWARD, SURGEON.—From duty as attending surgeon at Headquarters, Division of the Missouri, and examiner of recruits at Chicago, Illinois, to Department of Dakota.

MAJOR V. B. HUBBARD, SURGEON.—From Department of Arizona to duty as attending surgeon at Headquarters, Division of the Missouri, and as examiner of recruits at Chicago, Illinois. S. O. 257, A. G. O., November 4, 1886.

MAJOR C. R. GREENLEAF, SURGEON.—Relieved from duty at Columbus Barracks, Ohio, and ordered for duty as attending surgeon at Headquarters, Division of the Missouri, and examiner of recruits at Chicago, Illinois. S. O. 268, A. G. O., November 17, 1886.

MAJOR HENRY R. TILTON, SURGEON.—Relieved from the duties of attending surgeon at the Headquarters of Division of the Pacific and Department of California. S. O. 96, Division of the Pacific, November 9, 1886.

MAJOR W. E. WATERS, SURGEON.—Ordered from Fort Spokane to Vancouver Barracks, Washington Territory, for duty at that post. S. O. 197, Department of Colorado, November 8, 1886.

PARAGRAPH 8, S. O. 257, A. G. O., November 4, 1886, is so amended as to direct Major V. B. Hubbard, Surgeon, to report in person to the commanding officer, Columbus Barracks, Ohio, for duty. Paragraph 3, S. O. 268, A. G. O., November 17, 1886.

MAJOR D. G. CALDWELL, SURGEON.—Granted leave of absence for one month, with permission to apply for twenty days' extension. S. O. 150, Department of the Platte, November 12, 1886.

MAJOR CHARLES SMART, SURGEON.—Granted leave of absence for one month. S. O. 265, A. G. O., November 13, 1886.

CAPTAIN L. Y. LORING, ASSISTANT-SURGEON.—Sick-leave of absence further extended three months, on surgeon's certificate of disability. To be relieved from duty in Department of California, and, on the expiration of his present sick-leave of absence, will report by letter to the Surgeon-General of the Army. S. O. 262, A. G. O., November 10, 1886.

CAPTAIN E. B. MOSELEY, ASSISTANT-SURGEON.—Assigned to duty as attending surgeon in San Francisco, California. S. O. 94, Division of the Pacific, November 1, 1886.

CAPTAIN HARRY O. PERLEY, ASSISTANT-SURGEON.—Granted leave of absence for four months on surgeon's certificate of disability. S. O. 257, A. G. O., November 4, 1886.

FIRST-LIEUTENANT CHARLES C. BARROWS, ASSISTANT-SURGEON.—Ordered to report to commanding officer, St. Francis Barracks, St. Augustine, Florida, for duty at Fort Marion. S. O. 180, Division of the Atlantic, November 10, 1886.

FIRST-LIEUTENANT C. N. B. MACAULEY, ASSISTANT-SURGEON.—Granted leave of absence for twenty days. S. O. 118, Department of Dakota, November 8, 1886.

FIRST-LIEUTENANT JOHN L. PHILLIPS, ASSISTANT-SURGEON.—Granted leave of absence for one month, with permission to apply at Headquarters, Division of the Missouri, for an extension of one month. S. O. 116, Department of Dakota, November 2, 1886.

FIRST-LIEUTENANT W. D. CROSBY, ASSISTANT-SURGEON.—Ordered from Fort McDowell, Arizona Territory, to Fort Bowie, Arizona Territory. S. O. 110, Department of Arizona, October 29, 1886.

FIRST-LIEUTENANT CHARLES B. EWING, ASSISTANT-SURGEON.—Ordered from Fort Supply, Indian Territory, to Fort Leavenworth, Kansas, for duty. S. O. 126, Department of the Missouri, November 6, 1886.

FIRST-LIEUTENANT FRANCIS J. IVES, ASSISTANT-SURGEON.—Ordered to proceed to and take station at Fort D. A. Russell, Wyoming. S. O. 145, Department of the Platte, November 4, 1886.

FIRST-LIEUTENANT E. R. MORRIS, ASSISTANT-SURGEON.—Ordered from Fort Bayard, New Mexico, to Fort Thomas, Arizona Territory. S. O. 110, Department of Arizona, October 29, 1886.

APPOINTMENTS.

LIEUTENANT-COLONEL JOHN MOORE, ASSISTANT-MEDICAL PURVEYOR.—To be Surgeon-General of the Army, November 18, 1886.

ROBERT R. BALL.—To be Assistant-Surgeon, with the rank of First-Lieutenant, November 19, 1886.

PAUL CLENDENIN, First-Lieutenant and Assistant-Surgeon, November 5, 1886.

CHARLES L. G. ANDERSON, First-Lieutenant and Assistant-Surgeon, November 5, 1886.

PROMOTIONS.

MAJOR JOSEPH C. BAILY, SURGEON.—To be Assistant-Medical Purveyor, with the rank of Lieutenant-Colonel, November 18, 1886.

CAPTAIN CHARLES L. HEIZMANN, ASSISTANT-SURGEON.—To be Surgeon, with the rank of Major, November 18, 1886.

CAPTAIN ROBERT M. O'REILLY, ASSISTANT-SURGEON.—To be Major and Surgeon, November 1, 1886, *vice* Clements, deceased.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY FOR THE TWO WEEKS ENDED NOVEMBER 20, 1886.

PASSED ASSISTANT-SURGEON OLIVER DIEHL, U.S.N.—Granted three months' leave of absence from the 26th of October.

THEONOR WOOLVERTON, SURGEON, U.S.N.—Detached from the U.S.S. "Shenandoah," proceed home, and wait orders.

V. B. C. MEANS, ASSISTANT-SURGEON, U.S.N.—Detached from the U.S.S. "Shenandoah" and ordered to Receiving-Ship "Independence."

J. B. PARKER, SURGEON, U.S.N.—Detached from the U.S.S. "Swatara," proceed home, and wait orders.

JOSEPH SHAFER, ASSISTANT-SURGEON, U.S.N.—Detached from the U.S.S. "Swatara," proceed home, and wait orders.

PASSED ASSISTANT-SURGEON FRANCIS S. NASH, U.S.N.—Ordered to special duty, Smithsonian Institution, November 26, 1886.

MEDICAL-INSPECTOR A. C. RHOADES, U.S.N.—Ordered to special duty attending officers and families in New York City.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDED NOVEMBER 13, 1886.

AMES, R. P. M., PASSED ASSISTANT-SURGEON.—To proceed to Vineyard Haven, Massachusetts, as inspector, November 10, 1886.

URQUHART, F. M., PASSED ASSISTANT-SURGEON.—Granted leave of absence for seven days, November 8, 1886.

WASDIN, EUGENE, PASSED ASSISTANT-SURGEON.—Granted leave of absence for seven days, November 11, 1886.

MACGRUDER, G. M., ASSISTANT-SURGEON.—Relieved from duty at Norfolk, Virginia; assigned to duty at Marine Hospital, Chicago, Illinois, November 10, 1886.